



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SUPPLEMENTAL IN-HOME DAY CARE APPLICATION
Attach to Commercial General Liability Application ACORD126-S

APPLICANT INFORMATION

Name _____ Telephone Number _____
Address _____
State license number _____ Years at this location _____
Maximum number of children permitted by license _____ On site at any given time _____

Indicate the number of children in each age group and number of attendants for each.

Under 2 Years	_____ # of Children	_____ # of Attendants
2 Years and Up	_____ # of Children	_____ # of Attendants

Number of full time staff _____ Number licensed _____ Number of part time staff _____ Number licensed _____
 Is any specialized care given (Handicapped, Deaf, etc.)? No Yes (Explain) _____
 What are the days and hours of operation? _____
 Are meals served? Yes No If yes, _____% Prepackaged _____% Cooked
 Show type of cooking equipment, fire protection and service frequency _____
 Do children have access to cooking area? Yes No # of rooms in facility _____ # of exits on each floor _____
 Number and location of smoke detectors _____
 Is play area fenced? Yes No Type of playground equipment _____
 Type of surface under playground equipment _____
 How often and by whom is playground equipment checked? _____
 Are there any trampolines or swimming/wading pools? No Yes (Explain) _____
 How often does the insured schedule trips off premises, to where, farthest distance, method of transportation? _____

SEXUAL ACTION INSURANCE APPLICATION (IF REQUESTED)

Limits Requested (Occurrence) \$ _____ (Aggregate) \$ _____
 Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? No Yes, please provide complete details. _____

 Has any facility with which you have been associated in the past ever had any incidents occur or claims brought against it while you were there? No Yes, please provide complete details. _____

 Does your facility perform background checks on all employees and volunteers? No Yes, describe type of checks performed. _____

 Please describe your hiring procedures (attach copy). _____

Applicant Signature & Date

Producer Name & Address

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A

MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

COVERAGE NOT BOUND UNTIL APPROVED BY THE COMPANY.



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