

SUPPLEMENTAL ADULT DAY CARE APPLICATION
(Attach to Commercial General Liability Application ACORD 126-S)

APPLICANT INFORMATION

Name _____ Telephone _____
Street Address _____ City, State, Zip _____
Is applicant a licensed commercial Adult Day Care Provider? ___ No ___ Yes License # _____
Years at this location _____ Maximum number of clients permitted by license _____
On site at any given time _____ Indicate client to supervisor ratio _____
Number of full time staff _____ Number of part time staff _____
Describe any specialized care given (handicapped, deaf, invalid, etc.) _____

What are the days and hours of operation? _____
Any "live in" or overnight stays? _____ Yes _____ No
Are meals served? _____ Yes _____ No If yes, _____% Prepackaged _____% Cooked
Show type of cooking equipment, fire protection and service frequency _____

Number of rooms in facility _____ Number of exits on each floor _____
Number and location of smoke detectors _____
How often are off premises trips scheduled, to where, farthest distance and method of transportation? _____

Describe type of background checks on all employees and volunteers (Note if "none").

Comments: _____

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 IS NOT BOUND UNTIL APPROVED BY THE COMPANY