Commonwealth Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

DAY CARE OR PRE-SCHOOL SUPPLEMENTAL
(Include Acord Application)

Applicant's Name:_____ Location Address:_____

Mailing Address:_____   _____

_____   _____

Phone:_____   Fax:_____

1. Premises Information:
   A. ☐ Occupied as Dwelling   ☐ Constructed as Dwelling and Converted to Day Care Center
      ☐ Constructed as Day Care Occupancy ☐ Constructed as Commercial Building & Converted to Day Care Center

   B.   1. Is Applicant licensed?   ☐ Yes ☐ No
        2. Smoke Detectors?   ☐ Yes ☐ No
        3. Fire extinguishers service and tagged within last year?   ☐ Yes ☐ No
        4. Any cooking done on premises?   ☐ Yes ☐ No

        If yes, what type?_____
        Is there a UL approved system over entire cooking area?   ☐ Yes ☐ No
        5. Have the premises been inspected by local safety and health authorities for building codes and health
           standards?   ☐ Yes ☐ No
        If yes, were there any violations or citations?   ☐ Yes ☐ No

2. Number of days each week? _____   Hours of operations, that children are present? ____ A.M. to ____ P. M.

3. Maximum number of children permitted by license? _____ Maximum number of children on premises at any given
   time? _____
4. List the number of attendants for each age group and the number of children in each age group

AGE GROUP	NO. OF ATTENDANTS	NO. OF CHILDREN
1 to 12 months	_____	_____
12 to 24 months	_____	_____
Over 2 years to 4 years	_____	_____
Over 4 years to 6 years	_____	_____
Over 6 year's	_____	_____
Physical/Emotional - handicaps (children)	_____	_____
Adult's	_____	_____
Physical/Emotional- handicaps (adults)	_____	_____

Explain handicaps: _____

_____

Are staff certified/licensed to handle handicap individuals? ☐ Yes ☐ No if yes, number of staff
certified/licensed _____

AL 1437 07 06

5. Attach a list of all attendant/instructors with a description of his/her previous experience and education a background.

6. Description of the follow:
   A. Hiring Procedures:

   _____

   1. Are National Criminal History background checks obtained for all employees/volunteers? ☐ Yes ☐ No

   2. Has risk had any previous or pending allegations of sexual or physical abuse?   ☐ Yes ☐ No

   B. Accidents, illness, medical treatment, notification to parents;

   _____

   C. Dispensing of prescribed medications:

   _____

7. Is a medical care release form from parent required?   ☐ Yes ☐ No

8. Is a licensed nurse on duty?   ☐ Yes ☐ No

   If yes, hours per day and days pre week_____

9. Is staff trained in First Aid?   ☐ Yes ☐ No

   If yes, describe training (i.e. certified, Red Cross certified)_____

10. A. Describe playground or special equipment (i.e., trampoline, exercise equipment) at facilities:_____

_____

   B. Is the yard fully fenced?   ☐ Yes ☐ No

   C. Any special classes (dance, gymnastics, swimming, ect.) taught?☐ Yes ☐No If yes, describe:_____

_____

   D. Are there any animals on the premises? ☐ Yes ☐ No If yes, describe:_____

   E. Any off premises field trips? ☐ Yes ☐ No If yes, how many per year _____ how often_____
      Describe transportation used and/or /provided_____

   F. Is playground equipment secured?   ☐ Yes ☐ No
      Describe type of surface underneath equipment (Asphalt, grass, sand, etc.)_____
   G. Is there a swimming pool on premises? ☐ Yes ☐ No   If yes,
      a. size _____;   b. depth of each end_____;
      c. number and height of diving boards _____;d. pool, separately fenced with self locking gate?☐ Yes ☐ No
      e. Life safety equipment (hook & ring) ☐ Yes ☐ No   f. Life safety signs posted?   ☐ Yes ☐ No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application for files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____
                        Date   Date

AL 1437 07 06