



Evanston Insurance Company  
 Markel American Insurance Company  
 Markel Insurance Company

## DAY CARE SUPPLEMENT APPLICATION

(Include Acord application)

### APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

1. Is applicant properly licensed where required by law?  Yes  No License Number: \_\_\_\_\_

2. Maximum number of children allowed by license: \_\_\_\_\_ Average Daily Attendance: \_\_\_\_\_

**MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS.**

3. Number of active owners/officers/partners: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

4. Estimated annual: Payroll (excl. owner) \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Subs Costs \$ \_\_\_\_\_

5. Sexual/physical sublimit requested:  \$25K/\$50K  \$50K/\$100K  \$100K/\$300K

6. Any of the following? Please describe all "yes" answers in detail below.

- Accident & Health policy in force  Yes  No
- Dogs on Premises  Yes  No
- Off-premises field trip  Yes  No
- Special classes taught (dance, gymnastics, swimming, etc)  Yes  No
- Swimming Pools  Yes  No  
 (if yes, complete Pool Supplemental Application)
- Unanchored equipment  Yes  No
- Trampoline  Yes  No
- Unfenced playground  Yes  No
- Other: List \_\_\_\_\_

7. Please detail all answers to the following questions on the next page.

- Does applicant have a procedure for picking up children?  Yes  No
- Does applicant have a procedure to identify adults picking up children?  Yes  No
- Does applicant have a procedure for administration of medications?  Yes  No
- Does applicant do criminal background checks on all employees?  Yes  No
- Does applicant have playground equipment on premises? If yes, list below.  Yes  No
- Does applicant serve meals or snacks? If yes, detail how handled.  Yes  No

Describe how injuries and illnesses are handled: \_\_\_\_\_

\_\_\_\_\_

**Details:**

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**8. Attach a copy of enrollment form, medical release, hold harmless, etc.**

\_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date