

**CATLIN SPECIALTY INSURANCE COMPANY**



**DAYCARE SUPPLEMENTAL APPLICATION**

Applicant's Name: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Producer Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Daycare Facility is located in:  Commercial Building  Church  Home  Other

If other, explain: \_\_\_\_\_

Is applicant properly licensed where required by law?  Yes  No

License Number: \_\_\_\_\_ Maximum number of children allowed under license: \_\_\_\_\_

Average daily attendance: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

If 24 hr or overnight facility, explain: \_\_\_\_\_  
 \_\_\_\_\_

Has license ever been revoked?  Yes  No

If yes, explain: \_\_\_\_\_

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

Age of Children	Number of Children	Number of Attendants
0 – 12 months		
12 months – 2 years		
2 years – 4 years		
4 years – 6 years		
6 years and Up		

Any of the following?			
Accident & Health policy in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unanchored Equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unfenced Playground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wading pools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Procedures for child pickup identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampoline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal checks on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Animals on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug testing on all employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe: _____			

Estimated Annual: Payroll \$ \_\_\_\_\_ Receipts \$ \_\_\_\_\_ Sub Costs \$ \_\_\_\_\_

**NOTE: Sexual/Physical Abuse Sublimit will be included  
 (up to \$500K commercial facilities / \$25/50K max. in home facility)**

1. Does facility accept drop-ins?  Yes  No

If yes, explain: \_\_\_\_\_

2. Any physically and/or mentally impaired children?  Yes  No  
If yes, explain: \_\_\_\_\_
3. Any off-premises field trips?  Yes  No  
If yes, explain #, type & mode of transportation: \_\_\_\_\_
4. Do employees receive instruction/training in emergency health procedures?  Yes  No
5. Do employees administer medication to children?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Does applicant serve meals or snacks?  Yes  No  
If yes, explain: \_\_\_\_\_
7. Are any special classes taught, e.g. gymnastics, dance, swimming, etc.?  Yes  No  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE