



## Incidental Child Day Care Supplemental Questionnaire

Incidental Family Licensed child day care operations in an owner occupied house or manufactured home will be considered for coverage. No Group Licensed child day care operations are permitted.

**Note: No coverage bound for Day Care Liability without prior approval.**

Applicant's Name, Address, City, State & Zip	Agent Name
Policy #, if not a new application: _____	Agent Code: _____

### GENERAL INFORMATION

- 1) How many adults will be supervising the day care? \_\_\_\_\_ adult(s)
- 2) How many years of experience with providing day care? \_\_\_\_\_ year(s)
- 3) Maximum number of children in day care during the day: \_\_\_\_\_
- 4) Are there any dogs kept on premises (Y/N)? \_\_\_\_\_  
 If yes, provide breed(s): \_\_\_\_\_ If yes, how many dogs? \_\_\_\_\_  
 If yes, has any dog ever bitten either child or adult (Y/N)? \_\_\_\_\_
- 6) Any other types of animals or reptiles on premises (Y/N)? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_
- 7) Are there any pools (inground or above ground) on premises (Y/N)? \_\_\_\_\_  
 If yes, is the pool fenced with a self-locking gate (Y/N)? \_\_\_\_\_
- 8) Is there any waterfront on premises (creek, river, pond or lake) (Y/N)? \_\_\_\_\_  
 If yes, is insured's yard/premises fenced with a self-locking gate to keep children away from water exposures (Y/N)? \_\_\_\_\_
- 10) Are there any alternative heating units in dwelling (Y/N)? \_\_\_\_\_  
 If yes, please indicate type of unit: \_\_\_\_\_  
 If other, please explain: \_\_\_\_\_  
 Where is this alternative heating unit located? \_\_\_\_\_  
 Is there a permanent protective barrier around the heating unit? \_\_\_\_\_

**NOTE: THE PREMIUM CHARGE FOR THE MAX OF 8 CHILDREN WILL BE APPLIED TO ALL POLICIES WITH THIS ENDORSEMENT. THE LIMIT OF LIABILITY HAS TO MATCH THE PRIMARY HOMEOWNER LIMIT.**

<u>Limit of Liability</u>	<u>Charge</u>	<u>Med Pay (each additional \$500 per child)</u>
\$100,000 / 500	\$256	\$8
\$300,000 / 500	\$328	\$8
\$500,000 / 500	\$408	\$8
\$1,000,000 / 500	\$744	\$8

**MUST BE LICENSED FAMILY DAY CARE PROVIDER. PLEASE FORWARD COPY OF MOST RECENTLY ISSUED LICENSE.**

**INSURANCE FRAUD WARNING NOTICE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant: \_\_\_\_\_