



Granite Insurance Services, Inc.

Phone (720) 872-6406 (800) 522-3482

Fax (720) 872-6405 (888) 460-0190

DAY CARE APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

Phone Number for Inspection contact: _____

Web Address _____

Proposed Policy Period: _____ to: _____

Insured is Individual Partnership Corporation Joint Venture Other _____

PREMISE

1. Number of years in business? _____ If new, describe prior experience: _____

2. Daycare facility located in: Commercial Building; Church; Home; Other (describe) _____

3. Physical description of facility: # of stories? _____ Bldg. sq. footage _____ Portion occupied _____ %

Sole occupant Yes No

If no, list other occupants: _____

of exits _____ If multi-story building, do you occupy area above grade level? Yes No

Who is responsible for maintenance? _____

4. Food prepared on premises? Yes No

Is kitchen arranged so that the children do not have access to it? Yes No

5. Indicate all safety equipment located on premise.

Smoke detectors

Lighted exit signs

Fire extinguishers

Sprinklers

Child safety equipment

Fire alarms

Are all of the above inspected annually? Yes No

6. Have premises been inspected for compliance with building codes and health standards? Yes No

Has the facility been cited for health, safety or building code violations during last 3 years? Yes No

7. Is safety education provided for children? Yes No

Are fire drills conducted? Yes No

8. Is there an outdoor play area? Yes No

Fenced? Yes No

Describe ground cover of the play area.

_____ % Grass

_____ % Dirt

_____ % Sand

_____ % Concrete

_____ % Rock

_____ % Blacktop

_____ % Wood chips

_____ % Other _____

10. Describe outdoor play equipment, including any unusual or special equipment. _____

Is all playground equipment properly anchored? Yes No

11. Any swimming facilities on premises? Yes No

Above ground

Depth of Water

Diving board - Height

Below ground

Fenced - Height

Self locking gate

Teacher/child ratio

Age Levels of Participation

Waivers signed for Participation

12. Are special classes taught? Yes No
 If yes, describe: _____

 Estimated increase in enrollment _____ Additional staff hired? Yes No
13. Is summer day camp provided?..... Yes No
 If yes, describe: _____

14. Do you offer off-premises activities? Yes No
 If yes, describe: _____
 What age levels participate? _____
 Chaperon to child ratio? _____
15. Does the applicant provide before and after school care? Yes No
 If yes, explain how children are transported: _____

16. Are procedures in place to verify that all after school children are accounted for? Yes No

OPERATIONS

1. Is risk licensed by the state? Yes No
 If yes, provide license # _____ and Expiration Date _____
 How long has applicant been licensed? _____ Indicate number of children licensed for _____
 Hours of Operation _____ AM _____ PM Days of Week Open (Circle) Sun M Tu Wed Th Fr Sa
 Average daily attendance _____ Child / Teacher ratio _____
2. Are "special needs" children cared for? Yes No
 If yes, explain _____

 Is applicant staffed with qualified individuals to handle these children and their special needs? Yes No
3. Describe qualifications of applicant (include education, years of experience and special training) _____

4. Are there any licensed teachers? Yes No
 Any nurse or health care professionals employed? Yes No
 Are all staff members 18 years or older? Yes No
 If no, explain _____

5. Is there formalized employee screening and monitoring procedures in place? Yes No
 Are employee references checked? Yes No
 Does applicant check for criminal records? Yes No
6. Has any staff member, including applicant or a family member, been implicated, arrested, investigated or
 convicted of any crime other than a traffic violation? Yes No
 If yes, explain _____

7. How often are employee records updated? _____
8. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

9. Describe how an injury or illness is handled (attach formalized procedures on the handling of emergencies). _____

10. Does applicant maintain a record of medical information ?
 (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.) Yes No
 Does applicant require parents to provide medical care release? Yes No
- Do you dispense medication? Yes No
 Are all medications kept in a locked cabinet? Yes No
11. Please attach a copy of the applicants rules and discipline policy.

BUILDING INFORMATION:

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ.			
PROTECTION CLASS:			
ALARM	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>	CENTRAL STATION <input type="checkbox"/> LOCAL <input type="checkbox"/> NONE <input type="checkbox"/>

Year of latest update for: Roof _____ Plumbing _____ Wiring _____

LIMITS & COVERAGES - PROPERTY

DEDUCTIBLES: BUILDINGS - \$ _____ BPP - \$ _____ BUSINESS INCOME - \$ _____
 CAUSES OF LOSS: Basic Broad Special
 VALUATION: A.C.V R.C. Market Value (Submit)

LIMITS

	LOC. 1	LOC. 2	LOC. 3
BUILDING %Coinsurance	\$ _____	\$ _____	\$ _____
BPP %Coinsurance	\$ _____	\$ _____	\$ _____
BUS. INCOME %Coin. or _____ Monthly Limit	\$ _____	\$ _____	\$ _____
SIGNS (Describe):	\$ _____	\$ _____	\$ _____
TOTAL LIMITS:	\$ _____	\$ _____	\$ _____

ADJACENT EXPOSURES:

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

PARTICIPATING COMPANIES:

NAME OF COMPANY	% PARTICIPATION	LIMITS
_____	_____	_____

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE: INCLUDED
 PERSONAL & ADVERTISING INJURY: _____
 EACH OCCURRENCE: _____
 FIRE DAMAGE: _____
 MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.