



Granite Insurance Services, Inc.

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IN HOME DAY CARE APPLICATION

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____

_____ Inspection Contact Phone Number: _____

Proposed Policy Period: _____ to: _____

PREMISES INFORMATION

Address of Operation if different than Mailing Address: _____

1. Describe the building, age, construction, # of stories, etc. _____

2. Any cooking done on premise when children are present? Yes No If so, what safety precautions are taken to avoid injury to children?

3. Indicate what safety equipment is located on premise:

Smoke Detectors

Fire Extinguishers

Sprinklers

Fire Alarm

Child Safety Equipment

Other: _____

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

Any prior citations for health, safety or building code violations during the last 3 years? Yes No

If yes, explain: _____

5. Is there an outdoor play area? Yes No Is it fenced? Yes No

Describe play equipment and facilities: _____

6. Are there any pets at this location? Yes No If yes, describe type of pet and where it is kept: _____

7. Is there a swimming pool or bathing beach on the premises? Yes No If yes, describe: _____

8. Any special classes taught? Yes No If yes describe: _____

9. Do you offer off-premises activities: Yes No If yes describe: _____

OPERATIONS

1. Is the Applicant licensed/registered? Yes No License/Registration Number: _____

(Attach a copy of the license or registration)

2. What Child Care Providers Association does applicant belong to? _____

3. How long has applicant been in business? _____

4. What is the maximum number of children permitted by license/registration? _____

5. What is the maximum number of children on the premises at any one time? _____

6. Indicate the number of children in each age group and the number attendants assigned to each age group, indicate full or part-time:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS	FULL TIME (F/T) OR PART TIME (P/T) CARE
0 to 24 months			
25 months to 3 years			
4 years to 6 years			
Over 6 years			

7. Are "special needs children" cared for? _____ Yes No
 If yes describe: _____
 Is applicant staffed with qualified individuals to handle these children and their special needs? _____
8. Attach a list of all attendants, along with a description of their previous experience.
9. Is there a formalized employee screening and monitoring procedure in place? Yes No
10. Have you verified personal references and checked for any possible criminal records for your staff? Yes No
 How often do you update your personal records? _____
11. Any licensed teachers on staff? Yes No Any nurses or health care professionals on staff? Yes No
 Any staff members under 18 years of age? Yes No If yes are they always supervised? Yes No
10. Has any member of your staff or household, including yourself, been sued, investigated, implicated, arrested, or convicted of any crime other than a traffic violation? Yes No If yes provide details: _____

11. Are you or any member of your staff under the care of any of the following:
 Mental Health Clinic: ____ Psychiatrist: ____ Psychologist: ____ Alcohol/Drug Abuse Counseling: ____ Other: _____
 If yes, explain: _____
12. What days of the week do you operate? _____ Daily hours of operation? _____
13. Describe how injuries or illnesses are handled: _____

14. Does applicant maintain a record of medical information (allergies, regular medications, doctor's name and phone number)?
 Yes No
 Does applicant require parents to provide medical care releases? Yes No
 Do you dispense medication? Yes No
 Are all medications kept in a locked cabinet? Yes No
16. Please attach a copy of the applicant's rules and discipline policy.

LIMITS

LIMITS OF LIABILITY REQUESTED:

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

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION

Applicant's Signature _____ Date _____