



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Day Nurseries And Preschools Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

1. Location of premises: \_\_\_\_\_

2. Description of Operations: [ ] In-Home Day Care [ ] Day Care Center [ ] Before/After School Program
[ ] Sick-Child Day Care [ ] Part of an Organization (describe): \_\_\_\_\_
[ ] Drop-off Center [ ] Foster Care

Is overnight care provided? ..... [ ] Yes [ ] No

3. Is applicant licensed? ..... [ ] Yes [ ] No

License number: \_\_\_\_\_

Maximum number of children permitted by license: \_\_\_\_\_

4. Maximum number of children on premises at any one time: \_\_\_\_\_

5. Average daily attendance: \_\_\_\_\_

6. Indicate the number of children within each age group and the corresponding number of attendants assigned:

Table with 3 columns: Age Group, Number of Children, Number of Attendants. Rows include age groups from 1 to 6 months to over 8 years.

7. Total number of employees: \_\_\_\_\_

8. Are criminal background checks completed on employees? ..... [ ] Yes [ ] No

9. Any previous or pending allegations of sexual or physical abuse?..... [ ] Yes [ ] No

10. Please describe the building (age, construction, exits, etc.): \_\_\_\_\_

\_\_\_\_\_

**11. Please describe the play equipment and facilities:**

- Trampoline? .....  Yes  No
- Any inflatables, such as moon bounces or slides, rented or owned? .....  Yes  No
- Play area fully fenced? .....  Yes  No
- Above-ground     In-ground    Swimming pool? .....  Yes  No
- Number of pools: \_\_\_\_\_
- Swimming pool slides or diving boards? .....  Yes  No
- Wading pool (less than 24 inches deep)? .....  Yes  No
- Life safety equipment at poolside? .....  Yes  No
- Pool area fenced with self-latching gate?.....  Yes  No
- Are the rules posted? .....  Yes  No
- Is one of the attendants a certified lifeguard or CPR certified? .....  Yes  No
- Any natural bodies of water (lakes, rivers, streams, etc.) on property? .....  Yes  No
- Ratio of attendants to children while swimming? \_\_\_\_\_ to \_\_\_\_\_
- Are there any animals on the premises? .....  Yes  No
- Describe: \_\_\_\_\_
- Are dogs kept away from children? .....  Yes  No
- Other (describe): \_\_\_\_\_

**12. Describe how injuries and illnesses are handled:** \_\_\_\_\_

**13. Any special classes taught?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_

**14. Is applicant transporting children to and from home and/or school?** .....  Yes  No  
If yes, who is the auto liability insurance carrier? \_\_\_\_\_

**15. Please describe the nature of any field trips** (number of trips, who transports, etc.): \_\_\_\_\_  
Does applicant require the drivers to have auto liability insurance? .....  Yes  No

**16. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.**  
Any medication dispensed? .....  Yes  No  
If yes, please describe: \_\_\_\_\_

**17. Does applicant have an accident and health policy covering students?** .....  Yes  No  
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Term \_\_\_\_\_

**18. Are children released only to custodial parent or guardian?** .....  Yes  No  
If no, describe authorization procedure: \_\_\_\_\_

**19. Does applicant have any other business ventures for which coverage is not being requested? ....**  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**FRAUD WARNING:**

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 subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_