

**Scottsdale Insurance Company**  
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Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
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**Scottsdale Indemnity Company**  
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Scottsdale, Arizona 85258

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## 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  
Is care provided for autistic or special needs children (mentally or physically impaired)? .....  Yes  No  
Is facility open twenty-four (24) hours a day? .....  Yes  No  
If risk is a drop-off center, is it located at a shopping mall or other retail establishment? .....  Yes  No

3. **Sexual and/or Physical Abuse Coverage Limits:**

Day Care Centers:

- \$100,000 Per Claim/\$300,000 Aggregate
- \$250,000 Per Claim/\$500,000 Aggregate

In-Home Day Care:

- \$25,000 Per Claim/\$50,000 Aggregate
- \$50,000 Per Claim/\$100,000 Aggregate
- \$100,000 Per Claim/\$300,000 Aggregate

4. **Is applicant licensed, registered and/or in compliance with state regulations?** .....  Yes  No

License number (if applicable): \_\_\_\_\_

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

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

6. **Average daily attendance:** \_\_\_\_\_

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

Age Group	Number of Children	Number of Attendants
1 to 6 months		
7 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 years		

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

9. Are criminal background checks completed on employees? .....  Yes  No

10. Any previous or pending allegations of sexual or physical abuse? .....  Yes  No

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

\_\_\_\_\_

12. 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

Swimming pool? .....  Yes  No

Number of pools over 18" deep: \_\_\_\_\_ Number of wading pools 18" or less: \_\_\_\_\_

Swimming pool located:  Above-ground  In-ground

Swimming pool slides or diving boards? .....  Yes  No

If yes, advise height: \_\_\_\_\_

Life safety equipment at poolside? .....  Yes  No

Pool area fenced with self-latching gate? .....  Yes  No

Are rules posted? .....  Yes  No

Is one of the attendants a certified lifeguard or CPR certified? .....  Yes  No

Ratio of attendants to children while swimming? \_\_\_\_\_ to \_\_\_\_\_

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? .....  Yes  No

Any natural bodies of water (lakes, rivers, streams, etc.) on property? .....  Yes  No

Are there any animals on the premises? .....  Yes  No

Describe: \_\_\_\_\_

Are dogs kept away from children? .....  Yes  No

Other (describe): \_\_\_\_\_

13. Describe how injuries and illnesses are handled: \_\_\_\_\_

\_\_\_\_\_

14. Any special classes taught? .....  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

15. Is applicant transporting children to and from home and/or school? .....  Yes  No

If yes, who is the auto liability insurance carrier? \_\_\_\_\_

16. **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
17. **Please attach a copy of the enrollment form, medical release, hold-harmless, etc., used.**  
 Any medication dispensed? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_
18. **Does applicant have an accident and health policy covering students?** .....  Yes  No  
 Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Term: \_\_\_\_\_
19. **Are children released only to custodial parent or guardian?** .....  Yes  No  
 If no, describe authorization procedure: \_\_\_\_\_
20. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**.....  Yes  No  
 If yes, describe: \_\_\_\_\_
21. **Does applicant have any other business ventures for which coverage is not being requested?....**  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

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

**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.