

Hudson Insurance Group  
Supplemental Application – Day Care Centers  
(Adult and Child Care Centers)

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**The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.**

1. Named Insured: \_\_\_\_\_
2. Named Insured Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Premises Address: \_\_\_\_\_
4. Years in business? \_\_\_\_\_ If less than 3 years, years of experience for management? \_\_\_\_\_
5. Licensed for (# of children): \_\_\_\_\_  
Number of children enrolled: \_\_\_\_\_  
Number of adults enrolled: \_\_\_\_\_
6. Has the license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Is the state's staff to child ratio adhered to at all times? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Is this Commercial Day Care \_\_\_\_\_ or Residential Day Care \_\_\_\_\_?
9. If Commercial Day Care, is the center located within the premises of another organization or operation (such as a church or school)? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Any overnight hours? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
11. Any physically, medically, mentally challenged or special needs attendees? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Any attendees with Alzheimer's disease or severe dementia? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Is the outside play area fenced? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Type of surface around playground and equipment? \_\_\_\_\_
15. Any off-site field trips? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:
  - a. Frequency? \_\_\_\_\_
  - b. Locations /Destinations? \_\_\_\_\_

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- c. Method of transportation? \_\_\_\_\_
- d. What security measures are in place? \_\_\_\_\_
- e. Are signed waivers required from parents or guardians of participants for field trips? Yes \_\_\_ No \_\_\_

16. Is there a swimming pool on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

- a. Are pools fenced with self-latching gate? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Is life saving / emergency equipment available? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Is the pool depth marked? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Are there diving boards? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the height? \_\_\_\_\_
  - e. Are there slides? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_
  - f. Are all pools in compliance with the Virginia Graeme Baker Pool and Spa Safety Act? Yes \_\_\_ No \_\_\_
  - g. Are there at least two employees present when any children or other attendees are near the pool?  
Yes \_\_\_\_\_ No \_\_\_\_\_
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17. Are extra-curricular classes provided on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which subjects:

- a. Swimming lessons? \_\_\_\_\_
- b. Gymnastic lessons? \_\_\_\_\_
- c. Music lessons? \_\_\_\_\_
- d. Dance lessons? \_\_\_\_\_
- e. Martial arts lessons? \_\_\_\_\_
- f. Needle working? \_\_\_\_\_
- g. For lessons noted in 16. above, is the instructor an employee or contractor? \_\_\_\_\_
  - i. If contractor, is the applicant listed as an Additional Insured on the contractor's GL policy?  
Y \_\_\_ N \_\_\_
  - ii. If contractor, does the contractor carry limits equal to or higher than the applicant's policy?  
Y \_\_\_ N \_\_\_

18. Are there two or more means of egress from the building? Yes \_\_\_\_\_ No \_\_\_\_\_

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19. Are exits clearly marked and lighted? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Is the required number of functioning smoke detectors on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_
21. Is there cooking on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:
- a. Is there an automatic extinguishing system over all cooking surfaces? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Is there a cleaning contract in place with an outside firm? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Are hoods and ducts cleaned regularly by employees? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Are the kitchen facilities located in an area not accessible to the attendees? Yes \_\_\_\_\_ No \_\_\_\_\_
22. Are criminal background checks made on all employees prior to hiring? Yes \_\_\_\_\_ No \_\_\_\_\_
23. Do all employees, and volunteers if applicable, submit to routine drug testing? Yes \_\_\_\_\_ No \_\_\_\_\_
24. Are all employees certified in CPR and trained in First Aid? Yes \_\_\_\_\_ No \_\_\_\_\_
25. Have there been any past incidents of actual physical or sexual abuse or molestation? Yes \_\_\_\_\_ No \_\_\_\_\_

Named Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FRAUD WARNINGS**

**To All Prospective Insureds:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

**To Prospective Insureds in:**

**Colorado:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** "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."

**Florida and Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**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 \$5,000 and the stated value of the claim for each such violation.

**New York (Fire insurance applications):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**New York (Automobile):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania (Automobile):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.