



MUSIC Daycare Supplemental Application
(To be completed in conjunction with Acord applications)

| |
|-------------------|
| Applicants Name: |
| DBA: |
| Location Address: |
| Website: |

(If more than one location/center please complete a supplemental for each)

If Abuse and Molestation coverage is requested please complete our Abuse or Molestation Supplement.

Description of Operations (check all that apply):

| | | | |
|--|---|---|---|
| <input type="checkbox"/> Commercial Day Care | <input type="checkbox"/> In-Home Day Care | <input type="checkbox"/> Before &/or After School (at applicant's premises) | |
| <input type="checkbox"/> Drop-Off Center | <input type="checkbox"/> Sick Child Care | <input type="checkbox"/> Before &/or After School (at schools' premises) | |
| <input type="checkbox"/> Overnight Care | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> School Closed Center | <input type="checkbox"/> Hourly Day Care Center |
| <input type="checkbox"/> Nanny Service | <input type="checkbox"/> Au Pair Service | <input type="checkbox"/> Babysitting Service | <input type="checkbox"/> Back-up Care Service |
| <input type="checkbox"/> 24 Hour Center | <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Head-Start | <input type="checkbox"/> Other(describe) |
| Part of an organization (i.e. company, house of worship, health and exercise facility, etc (describe): _____ | | | |

Account Revenue Projections and History

| Year | Payroll | Gross Receipts | Sub-Contracted Cost (Incl cost of material) |
|----------------|---------|----------------|---|
| Next 12 Months | | | |
| Prior year | | | |
| Prior Year | | | |

Claims

Have there been any alleged or actual incidents of child abuse or molestation in the past or are there any incidents currently being investigated? Yes No

Operations

- Years doing business under current name? _____ Years of Experience? _____
- Is the applicant licensed? Yes No License Number? _____
- If not licensed please explain: _____
- Has the license ever been revoked/suspended? Yes No
- Maximum number of children allowed by license? _____
- Average daily attendance? _____ Maximum number of children enrolled? _____
- Total number of all employees (full-time, part-time, seasonal)? _____
- Are there any employees or volunteers under the age of 18? Yes No
- Is there always at least one staff member on premises certified in First Aid and CPR? Yes No
- Does staff education/experience meet state criteria? Yes No
- Indicate the number of children and attendants assigned to each age group:

| Age Group | Number of Children | Number of Attendants |
|-----------------------|--------------------|----------------------|
| Under 6 weeks | | |
| 6 weeks – 12 months | | |
| 12 months – 24 months | | |
| 2 year olds | | |
| 3 year olds | | |
| 4 year olds | | |
| 5 year olds | | |
| 6 years and older | | |
| Total | | |



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12. Days and Hours of operation: _____
13. If this is an In-Home Day Care, is there homeowners or premises liability with limits equal to or greater than GL limits being requested (provide certificate of insurance)? Yes No
14. Is there a minimum of 2 means of egress for each floor? Yes No
15. Is premises equipped with operational smoke detectors in all rooms, hallways and common areas? Yes No
16. Do children of any age have access to cooking areas? Yes No
17. Are all crib/mattress sheets required to be snug and tightly fit? Yes No
18. Are there outdoor playgrounds/areas? Yes No
- a. Are all playgrounds completely fenced? Yes No
- b. List all play equipment: _____
- c. Are there any trampolines, rock climbing walls, moon bounces or similar devices on premises? Yes No
19. Is there shock absorbing material under all play equipment? Yes No
20. Are there any swimming pools, wading pools, or other water hazards? Yes No
- a. Number of pools: Above ground pools ____; Wading pools; ____ Below ground pools ____;
Other – Describe _____
- b. Any diving boards or slides? Yes No
- c. All pools completely fenced with self-latching and locking gates? Yes No
- d. Depths of all pools including wading pools? _____
- e. Are all wading pools emptied when not in use? Yes No
- f. Are rules posted and are all pools equipped with life safety equipment at pool side? Yes No
- g. Do all pools meet Virginia Graeme Baker Pool & Spa Safety Act requirements? Yes No
- h. Is there always a minimum of 2 attendants on duty while children are swimming/playing in water? Yes No
- i. Is there always an attendant who is CPR certified or a certified lifeguard? Yes No
21. Are there any animals on premises? Yes No
- a. If yes provide a complete list of all animals: _____
- b. Do children have access to animals? Yes No Are animals confined during hours of operation? Yes No
22. Are there extra-curricular programs? Gymnastics Rock/Wall Climbing Martial Arts Swimming
 Sports Other
Describe Other and Sports: _____
23. Are there off-premises field trips? Yes No
- a. If yes, how many per year? _____
- b. What type of trips and where do they go? _____
- c. Are there any trips involving water or water-related exposures, skating or gymnastics? Yes No
- d. Any overnight trips? Yes No
- e. Describe transportation? _____
- f. Describe supervision during field trips? _____
- g. Are signed permission slips required for all field trips? Yes No
24. Are medications administered by the staff? Yes No
Describe procedures: _____
25. Does applicant accept any special needs children? Yes No
- a. If yes, describe: _____
26. Does applicant provide any type of transportation of children from home and/or school? Yes No
- a. If yes, who provides the service? Applicant Independent contractors Other
If Other, please describe: _____
- b. If vehicles used are owned or operated by applicant do they have a commercial auto policy in place with limits equal to or greater than the GL limits being requested? Yes No
- c. If transportation is outsourced, do transportation companies carry commercial auto coverage with liability limits equal or greater than applicant's GL limits and name applicant as an additional insured? Yes No



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27. Does applicant have formal written procedures for:
- a. Keeping current records of all children’s current immunization records, authorizations, complete medical, emergency and contact information signed/dated by parent or legal guardian, updated and signed annually and thereafter? Yes No
 - b. Pick up procedures stating who can pick up child/children? Yes No
 - c. Dispensing medication and the handling of emergencies, injuries or illnesses (detailed records including parental instruction and consent)? Yes No
 - d. Safety procedures which include requirements that children ≤ 12 months and special needs children have constant supervision? Yes No
 - e. Obtaining permission slips signed by a parent/guardian for ALL trips? Yes No
 - f. Handling food allergies (e.g. peanut butter)? Yes No
 - g. Performing criminal background checks on ALL staff, including volunteers (records must be kept on file) including any background checks required by state of domicile? Yes No
 - h. Are all records about children and employees/volunteers kept for a minimum of 3 years? Yes No

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 AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

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

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 of the third degree.



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NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING-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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.



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NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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 act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____