



Texas Specialty Underwriters, Inc.
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DAYCARE APPLICATION

Name of Applicant: _____
 Mailing Address: _____

Applicant is: Individual Partnership Corporation Other

Policy Period: From _____ To _____

Limits: General Aggregate _____ Each Occurrence _____
 Products-Completed Ops Included in Gen. Agg.! Damage To Premises Rented To You _____
 Personal & Advertising Injury _____ Medical Expense _____

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

1. Location of property to be insured: (if more than one location attach separate sheet)

2. Years in business? _____ Prior years experience in this type of work? _____
 How long in business at this location? _____
3. Daycare facility located in: Commercial Bldg. Church Home Other
 If other, explain: _____
4. Owner Occupied: _____ Tenant Occupied: _____
5. Additional Insureds: _____ If yes, explain: _____
6. Area (sq. ft.), Total: _____ Insured occupies _____ % of Total
7. Is risk licensed by State: _____ State License # _____ Expiration Date: _____
8. Number of children licensed: _____ Number enrolled _____ Hours of Operation _____ Number of days open _____
9. Any physically or mentally disabled or other "special" children: _____
 Number: _____ Explain: _____
10. Indicate number of children in each age group and the number of attendants assigned to each age group:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS
Under 2 Yrs.	_____	_____
2 Yrs. - 3 Yrs.	_____	_____
4 Yrs. - 5 Yrs.	_____	_____
6 Yrs. - 8 Yrs.	_____	_____
8 Yrs. - Over	_____	_____
11. Number of Employee/Assistants: _____ Full-Time _____ Part-Time
12. Does Insured have immediately available transportation for Medical Emergency: _____ Yes _____ No
 Type: _____

13. Do they dispense medication: _____ Yes _____ No
 If so, are written instructions provided: _____ Yes _____ No
14. Is staff trained in CPR: _____ Yes _____ No
 is staff trained in First Aid: _____ Yes _____ No If yes, describe training: _____

15. Has any of your staff, including yourself, been implicated, arrested or convicted of any crime other than a traffic violation: _____

16. Answer Yes or No to the following questions:
 a. Are there any nurses or health care professionals? _____
 b. Do any children stay over night? _____
 c. Is any weekend or holiday care provided? _____
 d. Does risk accept drop-in children? _____
 e. Is the facility involved in any way with state, federal or county Social Services Agencies
 or receive any direct funding? _____
 Explain any 'yes' answers: _____
17. Is there a kitchen area: _____ Yes _____ No
 Children allowed in kitchen: _____ Yes _____ No
18. Number of Fire Exits: _____
19. Indicate types of Fire Extinguishers on premises: _____ Soda Acid _____ CO2 _____ Dry Chemical
 Have all extinguishers been checked within the last year? _____ Yes _____ No
 What Safety Equipment is on premises: _____ Smoke Detectors _____ Sprinklers _____ Fire Alarm
 _____ Exit Signs _____ Child Safety Equipment _____ Electrical Outlet Safety Plugs
 _____ Other: _____
20. Does risk have a playground: _____ Yes _____ No Fenced: _____ Yes _____ No
 Size of Yard/Play Area: _____
21. Does the Play Yard have Swimming Facilities: _____ Yes _____ No
 _____ Plastic _____ Above Ground _____ Below Ground _____ ft. Depth of Water
 _____ Height _____ Fenced _____ Self Locking Gate
22. Is there any off premises water hazard: _____ Yes _____ No If yes, explain: _____

 Does Insured/Employee supervise all children during water play: _____ Yes _____ No
23. Any special classes taught (i.e. gymnastics, dance or regular athletic activities): _____ Yes _____ No
 if yes, explain: _____
24. Any field trips or activities conducted away from premises? _____ Yes _____ No If yes, how many? _____
 Where? _____
 Mode of Transportation: _____
25. Are there any pets at this location? _____ Yes _____ No If yes, explain: _____

26. What floors, other than ground levels, are open to children and for what use: _____

27. Condition of stairways (if applicable) _____ Good _____ Fair _____ Poor _____ None
 is stairway well lighted: _____ Yes _____ No
 is stairway equipped with slip resistant treads: _____ Yes _____ No

28. What are safety procedures in the event of fire: _____

29. Does Insured provide any safety education for children: _____ Yes _____ No If yes, describe: _____

30. Do you have an accident/health policy? _____ Yes _____ No

is coverage mandatory for all students? _____ Yes _____ No

Provide carrier and limits _____

Policy term _____ to _____

31. Prior Carrier information for past 5 years: _____

32. Loss History for past 5 years: _____

Photos

Producer: _____ Code: _____ inspection Contact: _____

Phone No.: _____ Date: _____ Phone No.: _____

SIGNATURE: _____ DATE: _____

Applicant