

**Community Associations  
DAY CARE CENTER / NURSERY**



PROGRAM UNDERWRITERS

Name of Insured/Area:		
Address:		
Location of Operation:		
Receipts generated: \$		
Is this operation concessioned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attached certificate of insurance for the concessionaire		
Is area named as Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish 5 years loss information, if any:		
Are parental consent forms required (attach copy of release)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there Sign In, Sign Out procedures for the children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Operations/Procedures Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the center/nursery licensed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center meet at state requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many children can the center take care of?		
What are the ages of the children?		
What is the ratio of children to employees?		
Are meals provided by the center?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
* If yes, are children with known food allergies protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are the professional qualifications and requirements of the director and staff?		
Are there reference and criminal background checks on personnel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What proportion of the staff are volunteers?		
Are employees trained in first aid and CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there formal incident reporting and investigation procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are safety inspections conducted on a routine basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are medicines dispensed to children? If so, by whom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are fire drills conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center have a pool?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a playground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center conduct field trips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the center comply with board of health and building codes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are transportation services provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is there in-unit baby sitting offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it provided by employees of the day care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
If No, please describe who is doing it and how they are screened and referred:		