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DAY NURSERIES AND PRESCHOOLS SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

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): _____

3. Is applicant licensed? Yes No License number: _____
Maximum number of children permitted by license: _____

4. Maximum number of children on premises at any one time: _____

5. Average daily attendance: _____

6. 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 | | |
| 6 to 12 months | | |
| 1 to 3 years | | |
| over 3 years to 8 years | | |
| over 8 years | | |

7. Total number of employees: _____ Any leased employees? Yes No

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

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

10. Please describe the building (age, construction, exits, etc.)- _____

11. Please describe the play equipment and facilities:

Trampoline? Yes No

Play area fully fenced? Yes No

Above-ground In-ground Swimming Pool? Yes No

Swimming pool slides or diving boards? Yes No

Wading pool (less than 24 inches deep)? Yes No

Life safety equipment at poolside? Yes No

Pool area fenced with self-latching gate? Yes No

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

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

Ratio of attendants-to-children while swimming? _____ to _____

Other (describe): _____

12. Describe how injuries and illnesses are handled: _____

13. Any special classes taught? Yes No If yes, please describe: _____

14. Please describe the nature of any field trips (number of trips, who transports, etc.): _____

15. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.

Any medication dispensed? Yes No If yes, please describe: _____

16. Does applicant have an accident & health policy covering students? Yes No

Carrier _____ Policy Number _____ Policy Term _____

17. Are children released only to custodial parent or guardian? Yes No

if no, describe authorization procedure _____

Prospect Name: _____

Applicant's Signature _____ Date _____

Agent Information: _____