



Western World Supplemental Application

1. Applicant Name: Street: City: State: Zip: Website:

2. Individual Corporation Partnership Other:

3. Date established:

4. Location to be insured (if different from above - if same please write "same") Street: City: State: Zip:

5. Has applicant had previous insurance for this enterprise? If yes, detail: Yes No

Table with 6 columns: Insurance Company, Policy Period, Limits of Liab, Premium, Occurrence or Claims Made, Type of Coverage

Effective dates desired: From to

6. Is applicant engaged in, owned by, associated with or involved with any other enterprises? If yes, explain: Yes No

7. Provide details of licensing or certification needed for this operation:

8. Provide the number of the following personnel: Other - number and description: Partners, Owners, Officers Full-time staff Part-time staff Independent Contractors

9. During the past three (3) years, have any claims been presented to your current or prior insurance carrier? If yes, describe claim, amounts paid, and reserves: Yes No

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? If yes provide full details: Yes No



11. Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or not renewed in the past three (3) years? Yes No  
If yes, describe: \_\_\_\_\_

12. Number of children facility is licensed for? \_\_\_\_\_

13. Hours of operation? From \_\_\_\_\_ to \_\_\_\_\_

14. Annual gross receipts: \$ \_\_\_\_\_

15. This operation is located in one of the follow:

Private Home Church School Facility built specifically for day care/nursery

Other: \_\_\_\_\_

16. Please describe: Construction of building \_\_\_\_\_  
Number of stories \_\_\_\_\_  
Type of fire protection system \_\_\_\_\_  
Emergency evacuation plan \_\_\_\_\_  
Total square footage of building \_\_\_\_\_

17. Give # of children in each age group with # of teachers for each group: (Ratio must meet company requirements.)

Age Group	Full Day	A.M.	P.M.	# of Teachers
1 thru 12 months	_____	_____	_____	_____
1 thru 3 years	_____	_____	_____	_____
4 thru 5 years	_____	_____	_____	_____
6 thru 10 years	_____	_____	_____	_____

18. Do you require a physical examination before each child is accepted? Yes No

19. Do you accept handicapped children? Yes No

If yes, state the number and degree of handicap: \_\_\_\_\_

20. Play equipment on premises:

Pool Size: \_\_\_\_\_ x \_\_\_\_\_ feet Depth, from: \_\_\_\_\_ to \_\_\_\_\_ feet

Swings Jungle Gym Slide Sandbox Trampoline

Other (describe): \_\_\_\_\_

Is all play equipment securely anchored? Yes No

21. Are there any animals on premises? If yes, describe: \_\_\_\_\_ Yes No

22. Is yard fully fenced? Yes No

23. Are there any special classes taught (i.e. swimming, gymnastics, etc)? Yes No

If yes, please list: \_\_\_\_\_

24. Are there any overnight stays? If yes, describe: \_\_\_\_\_ Yes No

25. Please detail field trips, including amount of supervision: \_\_\_\_\_



26. Will you accept a child who is sick? If yes, describe how handled: Yes No

27. Are any medications administered? Yes No

If yes do you require signed consent from parent or guardian? Yes No

28. Do you have a before/after school program? Yes No

If yes, who is responsible for seeing that the child gets to/from school? \_\_\_\_\_

29. Do you require written notification if someone other than the parent or guardian will be picking up the child? Yes No

30. Describe hiring procedures for all employees, including aides, attendants, custodial, etc. Attach a list of all employees along with their experience and qualifications.

\_\_\_\_\_

Do you use volunteers? If yes, describe: \_\_\_\_\_ Yes No

31. **Type of coverage desired                      Limits of Liability desired                      Effective Dates desired**

Professional \_\_\_\_\_

OLT \_\_\_\_\_

Products (food & drinks served) \_\_\_\_\_

Other: \_\_\_\_\_

32. Have you or any employee, volunteer or other person working for you ever been arrested or convicted of a crime? If yes, explain: Yes No

\_\_\_\_\_

**For Sexual Molestation Coverage (optional), complete questions 33 through 36.**

33. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? If yes, provide details: Yes No

\_\_\_\_\_

34. Has any facility you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? If yes, please describe: Yes No

\_\_\_\_\_

35. Does your facility do background checks on all employees and volunteers? Yes No

Describe: \_\_\_\_\_

\_\_\_\_\_

36. Please check the limits you are requesting: \$25,000 / \$50,000 \$100,000 / \$300,000 \$50,000 / \$100,000 \$300,000 / \$300,000

Applicant's Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_