

**This application attaches to and is made a comprised part of the Commercial Insurance Application.**

**Required:**

- **New Business:** Complete this supplemental application in addition to the ACORD and Supplement to ACORD applications for all lines of business submitted.
- **Policy Changes:** Complete this supplemental application. **Effective Date:** \_\_\_\_\_

**Common Policy Information**

1. First Named Insured: \_\_\_\_\_
2. Mailing Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Child/Adult Day Care Information (Includes Preschool)**

**General Information**

(The section below applies to all operations)

1. Are appropriate licensing requirements met as required by law (e.g., state, county, city, etc.)? ☐ Yes ☐ No  
*If no, please explain.* \_\_\_\_\_
2. Has a license to operate been denied, suspended, or revoked or has the organization received any citations or warnings in the last five years? ☐ Yes ☐ No
3. Does building meet city code requirements and is day care occupancy approved by local fire marshal? ☐ Yes ☐ No
4. Are strictly enforced guidelines in effect for the authorized pick-up of attendees? ☐ Yes ☐ No
5. Does your organization perform criminal background checks on employees, independent contractors, and volunteers? ☐ Yes ☐ No

Age Group	Number of Supervisors for Attendee Age Group	Number of Attendees for Age Group	Age Group	Number of Supervisors for Attendee Age Group	Number of Attendees for Age Group
Less than 2 years			5-10 years		
2 years			11-12 years		
3 years			13-18 years		
4 years			19+ years		

**General Practices**

1. Does your organization have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications? ☐ Yes ☐ No
2. Are detailed records maintained for attendees illnesses and/or injuries including a description and follow-up actions taken (including notifications)? ☐ Yes ☐ No
3. Are parents/guardians required to sign permission slips either authorizing or rejecting emergency medical transportation or treatment? ☐ Yes ☐ No
4. Does your staff have current certification in infant, child and adult first aid and CPR (including AED use) as applicable for attendees? ☐ Yes ☐ No
5. Are parents/guardians required to fill out forms informing your organization of any potential food allergies attendees may have? ☐ Yes ☐ No

**Optional Coverage**

Day care medical (not available for adult day care) ☐ Yes ☐ No

\*All items with an asterisk require further explanation in the "Remarks" section.

Name of Applicant			
Policy No./Quote No.	City	State	ZIP

Adult Day Care (Applies to age group 19+ years)			
1.	Does your organization have criteria for acceptance into the program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Check the primary diagnosis that applies for each attendee and provide the number of attendees in each category:		
	<input type="checkbox"/> Dementia		Attendees
	<input type="checkbox"/> Alzheimer's		Attendees
	<input type="checkbox"/> Depression		Attendees
	<input type="checkbox"/> Bipolar		Attendees
	<input type="checkbox"/> Other		Attendees
	<input type="checkbox"/> Hallucinations		Attendees
	<input type="checkbox"/> Agitation		Attendees
	<input type="checkbox"/> Anxiety		Attendees
	<input type="checkbox"/> Schizophrenia		Attendees
	<input type="checkbox"/> MRDD		Attendees
Describe all Other: _____			
3.	Are attendees with wandering tendencies admitted into the program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes, what controls are in place to prevent elopement?</i> _____		
4.	Is your staff adequately trained and certified to meet the needs of all attendees?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Loss History					
(Required for all operations, when not submitting with ACORD 125 with Loss History completed)					<input type="checkbox"/> Check if None
Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.					Total Losses: \$
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks
(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*All items with an asterisk require further explanation in the "Remarks" section.

Name of Applicant			
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**INSURANCE FRAUD WARNING:**

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.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** 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 restitution, fines, or confinement in prison, or any combination thereof. \*Applies in MD only.

**Applicable in CO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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). \*Applies in FL only.

**Applicable in KS :** 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.

**Applicable in KY, NY, OH and PA:** 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 material 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \* Applies in NY only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**ACKNOWLEDGEMENT AND SIGNATURES:**

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

**APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID**

Authorized Applicant Representative			Date
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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