

Supplemental Application

THIS APPLICATION MUST ACCOMPANY THE HUMAN SERVICES ADVANTAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

Are you a nonprofit organization? Yes No

STAFF/CHILD RATIO

Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?

Infants, ages 0-12 months	_____ # Staff	_____ # Children
Toddlers, ages 12-24 months	_____ # Staff	_____ # Children
Toddlers, ages 24-36 months	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School Aged Children	_____ # Staff	_____ # Children
	_____ Total	_____ Total

1. Is the facility licensed by the State? Yes (attach copy) No

If No, explain:

2. Licensed Capacity: _____ Current Enrollment: _____

Average number of children per day: _____

3. Does your agency have any accreditations? Yes No

If Yes, please list:

4. Hours of Operation: _____

5. Are emergency evacuation drills conducted with the children? Yes No

6. Does the facility have a security system for entry? Yes No

7. Is access into the building limited to doors that are supervised? Yes No

8. Is there a written drop-off and pick-up procedure? Yes No

9. Have you ever received any citations or warnings issued by any State or government entity? Yes No

If Yes, explain:

10. Does your center exit directly to the outside? Yes No

If Yes, is it at ground level? Yes No

11. Do the bathroom doors lock? Yes No

If Yes, can they be unlocked from outside? Yes No

12. Are the premises child-proofed to eliminate potential hazards? Yes No
13. Are parents free to visit facility at any time? Yes No
14. Indicate if a file containing the following information is maintained for each child:
- a. Immunization records which are updated annually? Yes No
 - b. Records for each child indicating any unusual conditions the child has? Yes No
 - c. Signed releases obtained from parents for emergency medical treatment including dispensing of medication? Yes No
 - d. Written instructions from child's physician for dispensing prescription medication? Yes No
 - e. Copy of physical exam or medical certificate provided at enrollment? Yes No
15. Is corporal punishment practiced? If Yes, attach written procedures. Yes No
16. Is there someone trained in First Aid and CPR available at all times? Yes No
17. Do you have an accident policy in place? Yes No
- If Yes, is it mandatory for all children? Yes No
- Provide Carrier Limits: _____ Policy Term: _____
18. Are field trips conducted? Yes No
- a. If Yes, describe transportation: _____
 - b. If Yes, what is the minimum age of children allowed to participate? _____
 - c. Describe field trips anticipated in next 12 months (include frequency, distance, supervision, etc.):

 - d. Is written permission/waiver signed by parents for field trips? Yes No
19. **Playground** (complete the following section) **NA**
- a. Is the area fenced? Yes No
 - b. List play equipment:

 - c. Is staff present at all times when children are using the play area? Yes No
 - d. Is the playground equipment properly maintained and inspected on a specified schedule? Yes No
 - e. Describe playground surfaces and depths:

20. Does the center care for children with Special Needs? Yes No
- If Yes, provide details:

21. Do you provide **sick child, drop in, overnight, boarding** or **camp** services? Yes No
- If Yes, explain:

22. Special Activities:

a. Are any pets or animals kept on premises? Yes No

If Yes, describe animals, caging and type of interaction:

b. Are special classes provided? (gymnastics, dance, music lessons, karate, etc.) Yes No

If Yes, explain:

c. Are special classes taught by an independent contractor on your premises? Yes No

If Yes, do you request/maintain Certificates of Insurance from all subcontractors?

Yes No

23. If you provide an athletic program, do you have concussion protocols in place? Yes No

If Yes, please describe:

COMMENTS

PANDEMIC AND COMMUNICABLE DISEASE

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? Yes No

a. Do your procedures address:

i. Staffing Yes No

ii. Training Yes No

iii. Personal protective equipment Yes No

iv. Client care Yes No

v. Vendors/visitors Yes No

vi. Internal & external communication Yes No

vii. Maintenance of premises and vehicles Yes No

viii. CDC guidelines and recommendations Yes No

b. Please provide a copy of your written procedures

2. Have you ever had to implement those procedures? Yes No

a. If yes, please provide details. _____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: _____

Title or position: _____ Date: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative

_____ Date _____

