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In Home Day Care Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

PREMISES INFORMATION

1. Are there any other businesses operated from these premises? Yes No

2. Describe the building, age, construction, # of stories, etc. _____

3. Any cooking done on premises when children are present? Yes No

If so, what safety precautions are taken to avoid injury to children? _____

4. Indicate what safety equipment is located on premises:

<input type="checkbox"/> Smoke Detectors	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Sprinklers
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Child Safety Equipment	<input type="checkbox"/> Other _____

5. Have premises been inspected for compliance with building codes and health standards? Yes No

Any prior citations for health, safety or building code violations during the last 3 years? Yes No

If yes, explain: _____

6. Is there an outdoor play area? Yes No

Is it fenced? Yes No

Describe play equipment and facilities: _____

7. Are there any pets at this location? Yes No

If yes, describe type of pet and where it is kept. _____

8. Is there a swimming pool or bathing beach on the premises? Yes No

If yes, describe: _____

9. Any special classes taught? Yes No

If yes, describe: _____

10. Do you offer off-premises activities: Yes No

If yes, describe: _____

OPERATIONS

1. How long has applicant been in business? _____
2. Is the Applicant licensed/registered? Yes No
 License/Registration Number: _____
Attach a copy of the license or registration.
3. What Child Care Providers Association does applicant belong to? _____
4. What is the maximum number of children permitted by license/registration? _____
5. What is the maximum number of children on the premises at any one time? _____
6. Are signed permission slips obtained from parents? Yes No
 How long are they maintained? _____
7. Indicate the number of children in each age group and the number attendants assigned to each age group, indicate full or part-time:

AGE GROUP	# OF CHILDREN	# OF ATTENDANTS	FULL TIME (F/T) OR PART TIME (P/T) CARE
0 TO 24 MONTHS			
25 MONTHS TO 3 YEARS			
4 YEARS TO 6 YEARS			
OVER 6 YEARS			

8. Are "special needs children" cared for? Yes No
 If yes, describe: _____
 Is applicant staffed with qualified individuals to handle these children and their special needs?..... Yes No
Attach a list of all attendants, along with a description of their previous experience.
9. Is there a formalized employee screening and monitoring procedure in place? Yes No
10. Have you verified personal references and checked for any possible criminal records for your staff? Yes No
 How often do you update your personnel records? _____
11. Any licensed teachers on staff? Yes No
 Any nurses or health care professionals on staff? Yes No
 Any staff members under 18 years of age? Yes No
 If yes, are they always supervised? Yes No
12. Has any member of your staff or household (including yourself), been sued, investigated, implicated, arrested, or convicted of any crime other than a traffic violation? Yes No
 If yes, provide details: _____
13. Are you or any member of your staff under the care of any of the following:
 Mental Health Clinic Psychiatrist Psychologist Alcohol/Drug Abuse Counseling Other _____
 If yes, explain: _____
14. What days of the week do you operate?
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Daily hours of operation? _____
15. Describe how injuries or illnesses are handled: _____

OPERATIONS (Continued)

16. Does applicant maintain a record of medical information (allergies, regular medications, doctor's name and phone number)? Yes No
- Does applicant require parents to provide medical care releases? Yes No
- Do you dispense medication? Yes No
- Are all medications kept in a locked cabinet? Yes No

17. **Attach** a copy of the applicant's rules and discipline policy.

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

- GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____
- PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____
- PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____
- EACH OCCURRENCE \$ _____
- DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____
- MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

Producer's Signature	Date	Applicant's Signature	Date