Complete with CWCO-SUP-CORE and CWCO-SUP-ABUSE — abuse & molestation screening is required for every childcare submission. Attach CWCO-SUP-AUTO or CWCO-SUP-HNOA if children are tran

APPLICANT'S NAME (INCLUDE DBA)	FORM OF BUSINESS	EFFECTIVE DATE REQUESTED	WEBSITE

MAILING ADDRESS	LOCATION ADDRESS	CITY / STATE / ZIP

INSPECTION CONTACT	INSPECTION PHONE	INSPECTION EMAIL

Coverage(s) desired:

- ☐ Property
- ☐ General liability
- ☐ Abuse & molestation
- ☐ Certain civil/criminal defense cost reimburs
- ☐ Hired & non-owned auto
- ☐ Employee benefits liability

Classification (check all that apply):

- ☐ Commercial center
- ☐ Residential / in-home
- ☐ 100% before/after school care
- ☐ 100% day camp / summer camp
- ☐ 100% drop-in care
- ☐ Montessori

A FACILITY & LICENSING

DESCRIPTION OF OPERATIONS

WHAT YEAR DID THE BUSINESS START?	YEARS AT CURRENT LOCATION	LICENSE CAPACITY	AVERAGE DAILY ATTENDANCE

A1 Is the child care facility currently licensed or registered with the state? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to A1, state the name on the license and the license number in the explanation field.

A2 Has the facility's license, registration or certification ever been revoked or suspended? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Is the child care facility accredited (NAA, NAEYC, NAFCC, NECPA, or equivalent)? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Is the facility owned by or associated with any operations other than child care at this location? ☐ Yes ☐ No
IF YES, EXPLAIN

A5 Have all violations cited in any inspection (state or insurance company) been corrected within the compliance deadline? ☐ Yes ☐ No
IF YES, EXPLAIN

B ENROLLMENT & STAFFING

Based on the maximum number of children enrolled on the busiest day, provide the breakdown below.

AGE GROUP	MAXIMUM CHILDREN IN A SINGLE DAY	NUMBER OF STAFF IN THE ROOM

Age groups: 0–24 months, 2 years, 3 years, 4 years, 5 years, 6 years and older.

B1 Does the applicant meet state-required staff-to-child ratios for every age group? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 Will children ever be left exclusively with caregivers under age 18, or anyone who has not had a background check? ☐ Yes ☐ No
IF YES, EXPLAIN

B3 Is there a written procedure to verify the identity of adults picking up children? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Does the facility obtain a signed student application with complete medical, emergency and contact information before a child's first day? ☐ Yes ☐ No
IF YES, EXPLAIN

C SCREENING, ABUSE PREVENTION & SUPERVISION

Full abuse and molestation underwriting is captured on CWCO-SUP-ABUSE. These questions confirm baseline controls.

C1 Does pre-employment screening verify that all employees and volunteers have never been convicted of a crime, including sex-related or child abuse offenses? ☐ Yes ☐ No
IF YES, EXPLAIN

C2 Does the facility continue periodic re-screening of staff and volunteers after hiring? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Are there written guidelines in place involving sexual misconduct? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Are there any prior or current state citations or violations for lack of supervision, inadequate staff-to-child ratio, incomplete medical records, or inadequate background checks? ☐ Yes ☐ No
IF YES, EXPLAIN

C5 Have there been any actual or alleged child molestation or abuse incidents in the past, or currently under investigation? ☐ Yes ☐ No
IF YES, EXPLAIN

D OPERATIONS, FACILITY & ACTIVITIES

D1 Are children permitted to play outside? ☐ Yes ☐ No
IF YES, EXPLAIN

Outdoor play controls:

☐ Permanently installed fence ☐ Playground equipment permanently installed ☐ Off-premises play (describe below)
☐ Not permitted ☐ ☐

D2 Is there a swimming pool, wading pool deeper than 12 inches, or other water hazard on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Are there field trips to a swimming pool, lake, beach, or other off-premises water activity? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Does the facility own or rent trampolines, moonwalk/bounce equipment, climbing equipment, or ball pits? ☐ Yes ☐ No
IF YES, EXPLAIN

Animals on premises:

☐ Dog or cat ☐ Small pets (frogs, guinea pigs, gerbils, rat
☐ None ☐ Other (describe below)

D5 Is the facility open more than 14 hours per day, or does it open before 5 AM or close after 11 PM? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to D5, state in the explanation field whether the facility is locked and/or alarmed after 7 PM.

D6 Are martial arts or organized contact sports offered? ☐ Yes ☐ No
IF YES, EXPLAIN

D7 Are medications ever dispensed without written parent/guardian and physician consent? ☐ Yes ☐ No
IF YES, EXPLAIN

D8 Are cubbies and bookcases over 24 inches anchored to a wall or floor, and are hot tubs/Jacuzzis secured and inaccessible? ☐ Yes ☐ No
IF YES, EXPLAIN

D9 Are kitchen facilities and heating appliances physically separated from children? ☐ Yes ☐ No

D10 Are there wood-burning stoves, space heaters, or temporary heating devices? ☐ Yes ☐ No
IF YES, EXPLAIN

D11 Are finger guards installed on all doors? ☐ Yes ☐ No
IF YES, EXPLAIN

D12 Is this a 'Mommy/Daddy and Me' operation where the parent stays and participates? ☐ Yes ☐ No

E SPECIAL NEEDS & MEDICAL

E1 Are there any physically, medically or mentally challenged children, or children with special needs, currently enrolled? ☐ Yes ☐ No
IF YES, EXPLAIN

E2 Are there enrolled children who are non-functioning in a social atmosphere, or who have displayed violent or aggressive behavior? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Do all children have independent movement and are ambulatory and mobile? ☐ Yes ☐ No

E4 Is special-needs enrollment 20% or greater of total enrollment? ☐ Yes ☐ No
IF YES, EXPLAIN

E5 Are there children who require invasive medical procedures or care? ☐ Yes ☐ No
IF YES, EXPLAIN

E6 Does the facility accept children who require skilled or specialized medical care? ☐ Yes ☐ No
IF YES, EXPLAIN

IN-FORCE ACCIDENT & HEALTH POLICY LIMIT

NUMBER OF WADING POOLS 12 INCHES OR LESS

F RESIDENTIAL, CAMP & BEFORE/AFTER SCHOOL CARE

Complete only the block matching the classification checked at the top of this form.

RESIDENTIAL CHILD CARE ONLY

F1 Does the applicant maintain a minimum 1:6 staff-to-child ratio for all children enrolled? ☐ Yes ☐ No

F2 Are infants placed in cribs, not beds, during naptime? ☐ Yes ☐ No

BEFORE / AFTER SCHOOL CARE

F3 Does the facility operate as an independent entity with no ownership or oversight by the public or private school? ☐ Yes ☐ No

F4 Does the facility operate in a school gymnasium or cafeteria? ☐ Yes ☐ No
IF YES, EXPLAIN

DAY CAMP / SUMMER CAMP

F5 Are children permitted to stay overnight at the camp? ☐ Yes ☐ No
IF YES, EXPLAIN

F6 Are there enrolled children over age 15, and does the camp offer specialized programs (weight management, sports camp)? ☐ Yes ☐ No
IF YES, EXPLAIN

F7 Are all camp staff under 21 supervised by an employee over 22, and is any camp staff member under 18? ☐ Yes ☐ No
IF YES, EXPLAIN

DROP-IN CHILD CARE

F8 Is this a 100% drop-in facility (short-term care under 4 hours, parent on-premises or easily accessible)? ☐ Yes ☐ No

F9 Does the facility offer 'sick child' services? ☐ Yes ☐ No
IF YES, EXPLAIN

G PROPERTY

Building construction:

☐ Frame ☐ Joisted masonry ☐ Noncombustible
☐ Masonry noncombustible ☐ Modified fire resistive ☐ Fire resistive

YEAR BUILDING CONSTRUCTED | NUMBER OF STORIES | PROTECTION CLASS | BUILDING SQUARE FOOTAGE | ROOF AGE (YEARS)

Roof / plumbing / alarm:

☐ Flat roof ☐ Shingle roof ☐ Metal roof
☐ PVC plumbing ☐ Copper plumbing ☐ Central station alarm

G1 Is the building fully protected by an operational sprinkler system covering 100% of the premises? ☐ Yes ☐ No

G2 Do all public areas have functioning smoke and/or heat detectors? ☐ Yes ☐ No

G3 Does any building built prior to 1978 have aluminum or knob-and-tube wiring, and is 100% of wiring on functioning circuit breakers? ☐ Yes ☐ No

IF YES, EXPLAIN

BUILDING LIMIT ($)	BUSINESS PERSONAL PROPERTY LIMIT ($)	BUSINESS INCOME LIMIT ($)	COINSURANCE (80% MIN.)

Additional property coverages requested:

☐ Equipment breakdown ☐ Electronic data ☐ Interruption of computer operations
☐ Power outage ☐ Fence coverage ☐ Outdoor sign coverage
☐ Playground equipment coverage ☐ Valuable papers coverage ☐ Accounts receivable coverage

H COVERAGE REQUESTED & LIMITS

General liability occurrence/aggregate limit:

☐ $100,000/$200,000 ☐ $300,000/$600,000 ☐ $500,000/$1,000,000 ☐ $1,000,000/$2,000,000

H1 Add employee benefits liability? ☐ Yes ☐ No

IF YES, EXPLAIN

H2 Add abuse and molestation liability coverage? ☐ Yes ☐ No

IF YES, EXPLAIN

Abuse & molestation limit desired:

☐ $25,000/$50,000 ☐ $100,000/$100,000 ☐ $100,000/$300,000 ☐ $300,000/$300,000
☐ $300,000/$600,000 ☐ $500,000/$500,000 ☐ $500,000/$1,000,000 ☐ $1,000,000/$1,000,000

Defense cost coverage:

☐ Inside the limit ☐ Outside the limit

ADDITIONAL INSURED / INTEREST	RELATIONSHIP	ADDRESS, CITY, STATE, ZIP	AI / LP / M / W

I PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

I1 Have there been any losses or claims in the last five years? ☐ Yes ☐ No

COVERAGE TYPE (PROPERTY/LIABILITY/A&M)	DATE OF LOSS	DESCRIPTION	PAID ($)	RESERVED ($)	STATUS

I2 Are there past, pending or planned foreclosures, bankruptcies, or judgments for unpaid taxes against the applicant or any officer, partner, member or owner within the past five years? ☐ Yes ☐ No

IF YES, EXPLAIN

I3 Has insurance coverage been cancelled or non-renewed in the past three years? (not applicable in Missouri) ☐ Yes ☐ No

IF YES, EXPLAIN

J ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — ACCREDITATION, CURRICULUM SPECIALTY, OR PLANNED CHANGES

K REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This application must be signed by the President, Chairperson of the Board, Managing Member, or Executive Director.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE