

Covers licensed child care centers, in-home family child care, preschools, and before/after-school programs. Summer camps use CWCO-SUP-YOUTHCAMP; schools CWCO-SUP-SCH.
Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL
STATE LICENSE / REGISTRATION NO.	LICENSED CAPACITY	ACCREDITATION (NAEYC, NAFCC, OTHER)

2 OPERATIONS

Type of care (check all that apply):

☐ Commercial center
 ☐ In-home family child care
 ☐ Preschool
 ☐ Before/after-school care
 ☐ Drop-in care
 ☐ Sick-child care

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

Age groups: infants (under 12 months); toddlers (1-2); preschool (3-5); school-age (5+).

2-1 Does the facility care for infants under 12 months? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are children with special needs or medical care requirements enrolled? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Is the facility open more than 14 hours a day, or before 5 AM or after 11 PM? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-4 Has the facility's license ever been suspended or revoked? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SAFE SLEEP, ABUSE PREVENTION & SUPERVISION

About 3,500 U.S. infants die of sleep-related causes each year. Padded crib bumpers and inclined sleepers have been banned federally since November 2022 — linked to more than 200 infant deaths — yet some child care programs kept using them. Abuse prevention and supervision apply to every child in care.

3-1 If yes to 2-1, are infants always placed on their backs to sleep? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 If yes to 2-1, do infants sleep only in cribs or play yards meeting federal child-care standards? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 If yes to 2-1, are cribs kept bare (no bumpers, blankets, pillows, or soft toys)? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4 If yes to 2-1, has the facility confirmed it has no inclined sleepers, crib bumpers, or other recalled sleep products? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-5	If yes to 2-1, are sleeping infants checked visually on a set schedule, with checks logged?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-6	Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-8	Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-9	Are suspected abuse reports made to law enforcement and child protective services within 24 hours?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-10	Are children released only to parents or guardians listed on file?	☐ Yes ☐ No
IF NO, EXPLAIN		
3-11	Are state staff-to-child ratios met for every age group at all times, including naptime and transitions?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-12	Are children ever left alone with caregivers under 18 or anyone not background-checked?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-13	Has the facility had a citation for supervision or ratios, or any abuse or infant-death allegation?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — PICKUP, ACTIVITIES & HEALTH

4-1	Is the identity of every adult picking up a child verified against an authorized list?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-2	Is there a pool, wading pool over 12 inches deep, or other water hazard on the premises?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Are there field trips to pools, lakes, or other water activities?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Is the outdoor play area fully fenced?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-5	Is impact-absorbing surfacing installed under climbing equipment?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Are bookcases and furniture over 24 inches anchored to walls or floors?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Are kitchens and heating appliances inaccessible to children?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-8	Are medications given only with written parent and physician consent, with a log?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-9	If yes to 2-2, are staff trained for each child's care plan, including invasive procedures?	☐ Yes ☐ No
IF NO, EXPLAIN		
4-10	Is every vehicle checked after each trip to confirm no child was left inside?	☐ Yes ☐ No
IF NO, EXPLAIN		

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL (\$)

ANNUAL TUITION RECEIPTS (\$)

STAFF (COUNT)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL / PROFESSIONAL CARRIER / LIMITS

ABUSE & MOLESTATION LIMIT

ACCIDENT MEDICAL (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one?

☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are staff trained in infant CPR, first aid, and safe sleep before working with children?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2 Are all inspection violations corrected by the compliance deadline?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

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 supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE