

Covers after-school, weekend, and school-break enrichment classes for children — STEM, coding, robotics, art, music, chess, language, theater, cooking, and sports clinics — held at schools, community centers, your own site, homes, or online. Overnight camps use CWCO-SUP-YOUTHCAMP, tutoring CWCO-SUP-TUTOR, and licensed child care CWCO-SUP-DAY. Complete with ACORD 125 and 126. Attach a sample school or facility contract, your enrollment and release forms, and your pickup policy.

1 APPLICANT / BUSINESS INFORMATION

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

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

PRIMARY CONTACT / TITLE	PHONE	EMAIL

STATES WHERE PROGRAMS RUN	FRANCHISE BRAND (IF ANY)

2 OPERATIONS

DESCRIBE YOUR PROGRAMS (SUBJECTS, TYPICAL SESSION LENGTH, AND WHERE THEY ARE HELD)

PROGRAM OR SUBJECT	% OF REVENUE	AGES SERVED	AVERAGE CLASS SIZE

Where programs are held (check all that apply):

- ☐ Public school campuses ☐ Private or charter schools ☐ Community or recreation centers ☐ Churches ☐ Our own facility
☐ Children's homes ☐ Online

Ages served (check all that apply):

- ☐ Under 5 ☐ 5-8 ☐ 9-12 ☐ 13-17

Size of the program:

- School or partner sites served Children enrolled per week Sessions per week Instructors and staff

2-1 Is the applicant licensed as a child care provider for any program? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 If no to 2-1, has the applicant confirmed with the state that its programs are exempt from child care licensing? ☐ Yes ☐ No
 IF NO, EXPLAIN

2-3 Do any programs add homework help, free play, snacks, or general supervision beyond the class itself? ☐ Yes ☐ No
 IF YES, EXPLAIN

Some states exempt only programs that teach a single skill. Adding other activities can make a program child care that needs a license.

2-4 Do staff walk, drive, or escort children between the school day and the program site? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-5 Are any off-site field trips or overnight events offered?

☐ Yes ☐ No

IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — SCREENING, SUPERVISION & PICKUP

School districts set abuse-and-molestation limits for vendors who work with students — Sacramento City Unified asks \$3 million to \$5 million for one-on-one contact. A federal appeals court upheld a \$2.85 million verdict against a school that released a child to an unauthorized adult.

3-1 Are all staff, instructors, contractors, and volunteers background-checked with fingerprints before working with children?

☐ Yes ☐ No

IF NO, EXPLAIN

3-2 Are background checks repeated on a set schedule?

☐ Yes ☐ No

IF NO, EXPLAIN

3-3 Is there a written policy prohibiting one-on-one contact with a child that another adult cannot observe?

☐ Yes ☐ No

IF NO, EXPLAIN

3-4 Do all staff complete abuse-prevention and mandated-reporter training at least yearly?

☐ Yes ☐ No

IF NO, EXPLAIN

3-5 Must staff communicate with children only through program-approved channels (no private texts or social media)?

☐ Yes ☐ No

IF NO, EXPLAIN

3-6 Is there a written maximum number of children per staff member for each age group?

☐ Yes ☐ No

IF NO, EXPLAIN

3-7 Are children signed in and out at every session?

☐ Yes ☐ No

IF NO, EXPLAIN

3-8 Are children released only to adults on a written pickup list, with photo ID checked?

☐ Yes ☐ No

IF NO, EXPLAIN

3-9 Are custody orders and pickup restrictions kept on file and shared with the instructor at each site?

☐ Yes ☐ No

IF NO, EXPLAIN

3-10 Are parents contacted promptly when an enrolled child does not arrive from the school day?

☐ Yes ☐ No

IF NO, EXPLAIN

3-11 Is there a written procedure for children not picked up on time?

☐ Yes ☐ No

IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — ACTIVITIES, HEALTH & ONLINE CLASSES

Activities offered (check all that apply):

- ☐ Cooking or food preparation ☐ Science experiments with chemicals or heat ☐ Power tools, soldering, or robotics kits ☐ Sports or movement
☐ Martial arts or contact activities ☐ Swimming or water activities ☐ Theater with stage sets or rigging ☐ Online or virtual classes

4-1 Do enrollment forms collect each child's allergies, medical conditions, and medications?

☐ Yes ☐ No

IF NO, EXPLAIN

4-2 Are staff trained to recognize anaphylaxis and give a child's prescribed epinephrine auto-injector?

☐ Yes ☐ No

IF NO, EXPLAIN

4-3 If cooking or food is offered, are ingredients checked against each child's allergies before class?

☐ Yes ☐ No

IF NO, EXPLAIN

4-4 Are safety goggles and age-appropriate tools required for experiments and building activities?

☐ Yes ☐ No

IF NO, EXPLAIN

4-5 Is a staff member with current first aid and CPR certification present at every session?

☐ Yes ☐ No

IF NO, EXPLAIN

4-6 Are injuries and incidents written up, with parents told the same day?

☐ Yes ☐ No

IF NO, EXPLAIN

4-7 If online classes are offered to children under 13, is verifiable parental consent obtained before collecting their information (COPPA)? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 If online classes are offered, can a second adult observe or review every session? ☐ Yes ☐ No
IF NO, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — CONTRACTS & INSTRUCTORS

School and facility contracts usually require the program's insurance to name the school as additional insured on a primary, non-contributory basis, with separate abuse-and-molestation limits.

5-1 Do school or facility contracts require additional insured status, indemnity, or specific limits? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Do any contracts require sexual abuse and molestation coverage at a stated limit? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Do parents sign a written waiver and release for each child? ☐ Yes ☐ No
IF NO, EXPLAIN

5-4 Are any instructors paid as 1099 contractors? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 If yes to 5-4, do 1099 instructors carry their own liability and abuse coverage? ☐ Yes ☐ No
IF NO, EXPLAIN

5-6 If yes to 5-4, are 1099 instructors held to the same screening and training rules as employees? ☐ Yes ☐ No
IF NO, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$) 	PAYMENTS TO 1099 INSTRUCTORS (\$) 	ANNUAL GROSS REVENUE (\$)
NUMBER OF EMPLOYEES 	NUMBER OF 1099 INSTRUCTORS 	NUMBER OF VOLUNTEERS

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS 	ABUSE & MOLESTATION LIMIT 	ACCIDENT MEDICAL (Y / N)
---	---	--

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

7-1 Has anyone ever alleged abuse or misconduct by a staff member, instructor, or volunteer? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

7-3 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ 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