

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

DAY NURSERY OR PRESCHOOL SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Description of operations:** Day Care Center Drop-off Center Before/After School Program
 In-Home Day Care Sick-Child Day Care Foster Care
 Part of an Organization (describe): _____

Number of years in business?

Is overnight care provided? Yes No

Is care provided for autistic or special needs children (mentally or physically impaired)? Yes No

Does applicant provide drop-off childcare services? Yes No

Does applicant provide nannies or similar services away from premises address above? Yes No

2. **Is applicant licensed, registered and/or in compliance with state regulations?** Yes No

License number (if applicable): _____

Maximum number of children permitted by license/regulations:

3. **Maximum number of children on premises at any one time:**

4. **Average daily attendance:**

5. **Indicate the number of children within each age group and the corresponding number of attendants assigned:**

Age Group	Number of Children	Number of Attendants
One to Six Months		
Seven to Twelve (12) Months		
One to Three Years		
Over Three Years to Eight Years		
Over Eight Years		

6. **Total number of employees:**

- 7. Are criminal background checks completed on employees? Yes No
- 8. Any previous or pending allegations of sexual or physical abuse? Yes No
- 9. Building Description (age, construction, number of stories, exits, alarms, sprinklers, etc.): _____

- 10. Are there surveillance cameras on the premises? Yes No Inside Outside
 - a. Are digital recordings kept on file? Yes No
- 11. Is there regularly scheduled safety and preventative maintenance? Yes No
- 12. Are there any bottle warmers and/or cooking appliances located in areas where children could access? Yes No

13. Play Equipment and Facilities:

- Are there trampolines? Yes No
- Are there inflatables, such as moon bounces or slides, rented or owned? Yes No
- Is the play area fully fenced? Yes No
- Is there concrete, asphalt, or other similar hard surfaces within the fall zone of swings or climbing equipment? Yes No

Swimming Pool Questions

- Are there swimming, wading pools, hot tubs or spas? Yes No
- If yes:
 - Number of pools/wading pools? _____
 - Number of hot tubs/spas? _____
 - Describe other bodies of water: _____
 - Pool area fenced with self-latching gate? Yes No
 - Depths marked on pool? Yes No
 - Are rules posted and clearly visible? Yes No
 - Life safety equipment at poolside and/or waterfront? Yes No
 - Platforms or diving boards? Yes No Height: _____
 - Slides? Yes No Height: _____
 - Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations Yes No
 - Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
 - Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel Yes No
 - Certified Lifeguards? Yes No
 - (1) If yes, by applicant or outside contractor? _____
 - If outside contractor, are certificates of insurance on file? Yes No
 - (2) Are lifeguards CPR certified? Yes No
 - Ratio of attendants to children while swimming: _____
 - Are there animals on the premises? Yes No
 - If yes, describe: _____



Are dogs kept away from children? Yes No

Other (describe): _____

14. Describe how injuries and illnesses are handled: _____

15. Any special classes taught (i.e., dance, gymnastics, martial arts, etc.)? Yes No

If yes, describe: _____

16. Is applicant transporting children? Yes No

If yes, who is the auto liability insurance carrier? _____

17. Are any vehicles with a seating capacity exceeding fifteen (15) passengers utilized? Yes No

If yes, explain: _____

18. Describe the nature of any field trips (number of trips, who transports, etc.): _____

Does applicant require the drivers to have auto liability insurance? Yes No

19. Attach a copy of the enrollment form, medical release, hold-harmless, etc., used:

Any medication dispensed? Yes No

If yes, describe: _____

20. Does applicant have an accident and health policy covering students? Yes No

Carrier: _____ Policy Number: _____ Policy Term: _____

21. Are children released only to custodial parent or guardian? Yes No

If no, describe authorization procedure: _____

22. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include

imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____