

# Benchmark

**MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563  
Phone: (630) 778-7000 Fax: (630) 778-7007

## DAY NURSERIES AND PRESCHOOLS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

1. **Location of premises:** \_\_\_\_\_

2. **Description of Operations:**  In-Home Day Care  Day Care Center  Before/After School Program  
 Sick-Child Day Care  Part of an Organization (describe): \_\_\_\_\_

3. **Is applicant licensed?** .....  Yes  No  
License number: \_\_\_\_\_

Maximum number of children permitted by license: \_\_\_\_\_

4. **Maximum number of children on premises at any one time:** \_\_\_\_\_

5. **Average daily attendance:** \_\_\_\_\_

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

Age Group	Number of Children	Number of Attendants
1 to 6 months		
6 to 12 months		
1 to 3 years		
over 3 years to 8 years		
over 8 years		

7. **Total number of employees:** \_\_\_\_\_  
Any leased employees? .....  Yes  No

8. **Are criminal background checks completed on employees?** .....  Yes  No

9. **Any previous or pending allegations of sexual or physical abuse?** .....  Yes  No

10. **Please describe the building (age, construction, exits, etc.):** \_\_\_\_\_

11. **Please describe the play equipment and facilities:**

Trampoline? .....  Yes  No

Play area fully fenced? .....  Yes  No

Above-ground  In-ground  Swimming pool? .....  Yes  No

Swimming pool slides or diving boards? .....  Yes  No

Wading pool (less than 24 inches deep)? .....  Yes  No

Life safety equipment at poolside? .....  Yes  No

Pool area fenced with self-latching gate? .....  Yes  No

**11. Play equipment and facilities (continued):**

Is one of the attendants a certified lifeguard or CPR certified?.....  Yes  No  
Any natural bodies of water (lakes, rivers, streams, etc.) on property? .....  Yes  No  
Ratio of attendants to children while swimming? \_\_\_\_\_ to \_\_\_\_\_  
Other (describe): \_\_\_\_\_

**12. Describe how injuries and illnesses are handled:** \_\_\_\_\_  
\_\_\_\_\_

**13. Any special classes taught?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**14. Please describe the nature of any field trips** (number of trips, who transports, etc.): \_\_\_\_\_  
\_\_\_\_\_

**15. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.**  
Any medication dispensed?.....  Yes  No  
If yes, please describe: \_\_\_\_\_

**16. Does applicant have an accident and health policy covering students?**.....  Yes  No  
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Term \_\_\_\_\_

**17. Are children released only to custodial parent or guardian?**.....  Yes  No  
If no, describe authorization procedure: \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
*(Applicable to Florida Agents Only.)*