

## BRIM DAYCARE SUPPLEMENT

Name of Insured: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Day Care \_\_\_\_\_ Day Camp: \_\_\_\_\_ Nursery: \_\_\_\_\_

1. Names and Location of Facility \_\_\_\_\_  
\_\_\_\_\_
2. Is the facility licensed? \_\_\_\_\_ By Whom: \_\_\_\_\_
3. Is the facility in compliance with State statutes? \_\_\_\_\_
4. Number of years in operation? \_\_\_\_\_ Days and Hours of Operation: \_\_\_\_\_
5. Description of operation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Professional qualifications of staff? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Number of volunteers? \_\_\_\_ Number of Teachers \_\_\_\_ How are staff members hired and trained? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Average daily attendance of children: 0-2 years \_\_\_\_ 3-5 years \_\_\_\_ 6-9 years \_\_\_\_ 10-over \_\_\_\_  
Ratio of adults to children.....0-2 years \_\_\_\_ 3-5 years \_\_\_\_ 6-9 years \_\_\_\_ 10-over \_\_\_\_
9. Does each location have the following: Emergency evacuation plan? \_\_\_\_ Regularly inspected fire/smoke alarms? \_\_\_\_ Two separate exits on each floor? \_\_\_\_ First aid equipment? \_\_\_\_  
Someone on premises during business hours trained in first aid? \_\_\_\_ Fenced playground? \_\_\_\_
10. Have any claims of any type been made against insured in the past? \_\_\_\_\_ If yes use separate sheet of paper with complete details.
11. Does the insured offer field trips to students? \_\_\_\_\_ Overnight stays? \_\_\_\_\_ What chaperoning requirements are in place? \_\_\_\_\_  
\_\_\_\_\_
12. Does the insured provide any after school care/day care services? \_\_\_\_\_