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? __________________________