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| ***ENTITY INFORMATION*** |
| Named Insured: |
| Name of Center: |
| Address: |
| Is the center licensed?  Yes  No By whom: |
| Are meals provided?  Yes  No |
| Does center comply with local and state codes regulating kitchen and food preparation/serving areas?  Yes  No |
| Maximum number of children allowed to attend?  Number of adult supervisors: |
| Ratio of children to adults: |
| What is the age range of children: From:  To: |
| If providing care for infants, how are they separated from the older children? |
| Are electrical outlets guarded?  Yes  No |
| ***Please describe:*** |
| Is the playground fenced?  Yes  No |
| If present, provide pictures of playground equipment and give a narrative of its condition: |
| Describe playground supervision and safety procedures: |
| Does insured obtain permission to make emergency health decisions?  Yes  No |
| Does insured ever dispense medication?  Yes  No |
| Are children released only to authorized persons?  Yes  No |
| Are there any records of claims, criminal/civil actions against owner, operator, or employees for alleged child abuse or neglect?  If yes, please explain:  Yes  No |
| Does insured offer transportation to or from the center?  Yes  No |
| Do employees regularly use personal autos to carry children?  Yes  No |