



**COLONY INSURANCE COMPANY  
DAY CARE PDQ  
SUPPLEMENTAL APPLICATION**

General Agent Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

**GENERAL INFORMATION**

Licensed by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensed for (# of children): \_\_\_\_\_

Number of Children: \_\_\_\_\_ Hours open for business: \_\_\_\_\_

Number of days per week: \_\_\_\_\_ How long in business: \_\_\_\_\_

Are there animals on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Age of Children</u>	<u>Number of Children</u>	<u>Number of Attendants</u>
Birth to 16 months	_____	_____
16 months to 2 years	_____	_____
2 years to 4 years	_____	_____
4 years to school children	_____	_____
School children	_____	_____

**PERSONNEL REQUIREMENTS**

- Do all personnel undergo criminal background checks? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do all personnel submit to routine drug screening? Yes \_\_\_\_\_ No \_\_\_\_\_
- Describe personnel training requirements: \_\_\_\_\_
- Do all employees receive instruction/training in emergency health & safety procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are the personnel equipped to provide emergency first aid? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is a nurse or other licensed health practitioner employed? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are health records maintained for each child enrolled including information or immunizations and special health and dietary problems? Yes \_\_\_\_\_ No \_\_\_\_\_

**RECREATIONAL FACILITIES**

- Is the yard fully fenced? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is a swimming pool or wading pool on premises? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are any special classes taught, e.g. gymnastics, dance, swimming, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe. \_\_\_\_\_
- Any off-premises field trips? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_ How often? \_\_\_\_\_ How transported? \_\_\_\_\_  
Are permission slips obtained? Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe trip destinations. \_\_\_\_\_
- Describe play equipment and facilities. (Include any unusual or special equipment used such as exercise equipment, trampoline, pools, etc.) \_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_