

MUSIC Daycare Supplemental Application  
(To be completed in conjunction with Acord applications)

Applicants Name:
DBA:
Location Address:
Website:

(If more than one location/center please complete a supplemental for each)

**If Abuse and Molestation coverage is requested please complete our Abuse or Molestation Supplement.**

**Description of Operations** (check all that apply):

<input type="checkbox"/> Commercial Day Care	<input type="checkbox"/> In-Home Day Care	<input type="checkbox"/> Before &/or After School (at applicant's premises)
<input type="checkbox"/> Drop-Off Center	<input type="checkbox"/> Sick Child Care	<input type="checkbox"/> Before &/or After School (at schools' premises)
<input type="checkbox"/> Overnight Care	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> School Closed Center
<input type="checkbox"/> Nanny Service	<input type="checkbox"/> Au Pair Service	<input type="checkbox"/> Babysitting Service
<input type="checkbox"/> 24 Hour Center	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Head-Start
		<input type="checkbox"/> Hourly Day Care Center
		<input type="checkbox"/> Back-up Care Service
		<input type="checkbox"/> Other(describe)

Part of an organization (i.e. company, house of worship, health and exercise facility, etc (describe): \_\_\_\_\_

**Account Revenue Projections and History**

Year	Payroll	Gross Receipts	Sub-Contracted Cost (Incl cost of material)
Next 12 Months			
Prior year			
Prior Year			

**Claims**

Have there been any alleged or actual incidents of child abuse or molestation in the past or are there any incidents currently being investigated?  Yes  No

**Operations**

1. Years doing business under current name? \_\_\_\_\_ Years of Experience? \_\_\_\_\_
2. Is the applicant licensed?  Yes  No License Number? \_\_\_\_\_
3. If not licensed please explain: \_\_\_\_\_
4. Has the license ever been revoked/suspended?  Yes  No
5. Maximum number of children allowed by license? \_\_\_\_\_
6. Average daily attendance? \_\_\_\_\_ Maximum number of children enrolled? \_\_\_\_\_
7. Total number of all employees (full-time, part-time, seasonal)? \_\_\_\_\_
8. Are there any employees or volunteers under the age of 18?  Yes  No
9. Is there always at least one staff member on premises certified in First Aid and CPR?  Yes  No
10. Does staff education/experience meet state criteria?  Yes  No
11. Indicate the number of children and attendants assigned to each age group:

Age Group	Number of Children	Number of Attendants
Under 6 weeks		
6 weeks – 12 months		
12 months – 24 months		
2 year olds		
3 year olds		
4 year olds		
5 year olds		
6 years and older		
Total		

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12. Days and Hours of operation: \_\_\_\_\_
13. If this is an In-Home Day Care, is there homeowners or premises liability with limits equal to or greater than GL limits being requested (provide certificate of insurance)?  Yes  No
14. Is there a minimum of 2 means of egress for each floor?  Yes  No
15. Is premises equipped with operational smoke detectors in all rooms, hallways and common areas?  Yes  No
16. Do children of any age have access to cooking areas?  Yes  No
17. Are all crib/mattress sheets required to be snug and tightly fit?  Yes  No
18. Are there outdoor playgrounds/areas?  Yes  No
- a. Are all playgrounds completely fenced?  Yes  No
- b. List all play equipment: \_\_\_\_\_
- c. Are there any trampolines, rock climbing walls, moon bounces or similar devices on premises?  Yes  No
19. Is there shock absorbing material under all play equipment:  Yes  No
20. Are there any swimming pools, wading pools, or other water hazards?  Yes  No
- a. Number of pools: Above ground pools \_\_\_\_; Wading pools; \_\_\_\_ Below ground pools \_\_\_\_;  
Other – Describe \_\_\_\_\_
- b. Any diving boards or slides?  Yes  No
- c. All pools completely fenced with self-latching and locking gates?  Yes  No
- d. Depths of all pools including wading pools? \_\_\_\_\_
- e. Are all wading pools emptied when not in use?  Yes  No
- f. Are rules posted and are all pools equipped with life safety equipment at pool side?  Yes  No
- g. Do all pools meet Virginia Graeme Baker Pool & Spa Safety Act requirements?  Yes  No
- h. Is there always a minimum of 2 attendants on duty while children are swimming/playing in water?  Yes  No
- i. Is there always an attendant who is CPR certified or a certified lifeguard?  Yes  No
21. Are there any animals on premises?  Yes  No
- a. If yes provide a complete list of all animals: \_\_\_\_\_
- b. Do children have access to animals?  Yes  No Are animals confined during hours of operation?  Yes  No
22. Are there extra-curricular programs?  Gymnastics  Rock/Wall Climbing  Martial Arts  Swimming  
 Sports  Other  
Describe Other and Sports: \_\_\_\_\_
23. Are there off-premises field trips?  Yes  No
- a. If yes, how many per year? \_\_\_\_\_
- b. What type of trips and where do they go? \_\_\_\_\_
- c. Are there any trips involving water or water-related exposures, skating or gymnastics?  Yes  No
- d. Any overnight trips?  Yes  No
- e. Describe transportation? \_\_\_\_\_
- f. Describe supervision during field trips? \_\_\_\_\_
- g. Are signed permission slips required for all field trips?  Yes  No
24. Are medications administered by the staff?  Yes  No  
Describe procedures: \_\_\_\_\_
25. Does applicant accept any special needs children?  Yes  No
- a. If yes, describe: \_\_\_\_\_
26. Does applicant provide any type of transportation of children from home and/or school?  Yes  No
- a. If yes, who provides the service?  Applicant  Independent contractors  Other  
If Other, please describe: \_\_\_\_\_
- b. If vehicles used are owned or operated by applicant do they have a commercial auto policy in place with limits equal to or greater than the GL limits being requested?  Yes  No
- c. If transportation is outsourced, do transportation companies carry commercial auto coverage with liability limits equal or greater than applicant's GL limits and name applicant as an additional insured?  Yes  No

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27. Does applicant have formal written procedures for:
- a. Keeping current records of all children's current immunization records, authorizations, complete medical, emergency and contact information signed/dated by parent or legal guardian, updated and signed annually and thereafter?  Yes  No
  - b. Pick up procedures stating who can pick up child/children?  Yes  No
  - c. Dispensing medication and the handling of emergencies, injuries or illnesses (detailed records including parental instruction and consent)?  Yes  No
  - d. Safety procedures which include requirements that children  $\leq$  12 months and special needs children have constant supervision?  Yes  No
  - e. Obtaining permission slips signed by a parent/guardian for ALL trips?  Yes  No
  - f. Handling food allergies (e.g. peanut butter)?  Yes  No
  - g. Performing criminal background checks on ALL staff, including volunteers (records must be kept on file) including any background checks required by state of domicile?  Yes  No
  - h. Are all records about children and employees/volunteers kept for a minimum of 3 years?  Yes  No

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

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_