



MARKEL SOUTHWEST UNDERWRITERS, INC.

DAY CARE SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number: _____
Maximum number of children allowed by license: _____ Average Daily Attendance: _____

MINIMUM RATIO OF ATTENDANTS TO CHILDREN MUST MEET STATE LICENSE REQUIREMENTS.

Number of active owners/officers/partners: _____ Number of Employees _____
Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____
Sexual/physical sublimit requested: \$25K/\$50K \$50K/\$100K \$100K/\$300K

Any of the following? Please describe all "yes" answers in detail below.				
Accident & Health policy in force	Yes	No	Swimming Pools (if yes, complete Pool Supplemental Application)	Yes No
Dogs on Premises	Yes	No	Unanchored equipment	Yes No
Off-premises field trips	Yes	No	Unfenced playground	Yes No
Special classes taught (dance, gymnastics, swimming, etc.)	Yes	No	Trampoline	Yes No
			Other: List _____	Yes No

Please detail all answers to the following questions on the next page.

Does applicant have a procedure for picking up children? Yes No
Does applicant have a procedure to identify adults picking up children? Yes No
Does applicant have a procedure for administration of medications? Yes No
Does applicant do background checks on all employees? Yes No
Does applicant have playground equipment on premises? If yes, list below. Yes No
Does applicant serve meals or snacks? If yes, detail how handled. Yes No
Describe how injuries and illnesses are handled: _____

Details:

Attach a copy of enrollment form, medical release, hold harmless, etc.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____