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Supplemental Application

THIS APPLICATION MUST ACCOMPANY THE HUMAN SERVICES ADVANTAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

Are you a nonprofit organization? ☐ Yes ☐ No

STAFF/CHILD RATIO

Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group (excluding director)?

Infants, ages 0-12 months	0.00 # Staff	0.00 # Children
Toddlers, ages 12-24 months	_____ # Staff	_____ # Children
Toddlers, ages 24-36 months	_____ # Staff	_____ # Children
Preschoolers, ages 3-5	_____ # Staff	_____ # Children
School Aged Children	_____ # Staff	_____ # Children
	0.00 **Total**	0.00 **Total**

1. Is the facility licensed by the State? ☐ Yes (attach copy) ☐ No

   If No, explain:

   _____

   _____

2. Licensed Capacity: _____ Current Enrollment: _____

   Average number of children per day: _____

3. Does your agency have any accreditations? ☐ Yes ☐ No

   If Yes, please list:

   _____

   _____

4. Hours of Operation: _____
5. Are emergency evacuation drills conducted with the children? ☐ Yes ☐ No
6. Does the facility have a security system for entry? ☐ Yes ☐ No
7. Is access into the building limited to doors that are supervised? ☐ Yes ☐ No
8. Is there a written drop-off and pick-up procedure? ☐ Yes ☐ No
9. Have you ever received any citations or warnings issued by any State or government entity? ☐ Yes ☐ No

   If Yes, explain:

   _____

   _____

10. Does your center exit directly to the outside? ☐ Yes ☐ No

    If Yes, is it at ground level? ☐ Yes ☐ No

11. Do the bathroom doors lock? ☐ Yes ☐ No

    If Yes, can they be unlocked from outside? ☐ Yes ☐ No

12. Are the premises child-proofed to eliminate potential hazards? ☐ Yes ☐ No
13. Are parents free to visit facility at any time? ☐ Yes ☐ No
14. Indicate if a file containing the following information is maintained for each child:
    a. Immunization records which are updated annually? ☐ Yes ☐ No
    b. Records for each child indicating any unusual conditions the child has? ☐ Yes ☐ No
    c. Signed releases obtained from parents for emergency medical treatment including dispensing of medication? ☐ Yes ☐ No
    d. Written instructions from child's physician for dispensing prescription medication? ☐ Yes ☐ No
    e. Copy of physical exam or medical certificate provided at enrollment? ☐ Yes ☐ No
15. Is corporal punishment practiced? If Yes, attach written procedures. ☐ Yes ☐ No
16. Is there someone trained in First Aid and CPR available at all times? ☐ Yes ☐ No
17. Do you have an accident policy in place? ☐ Yes ☐ No
    If Yes, is it mandatory for all children? ☐ Yes ☐ No
    Provide Carrier Limits:_____ Policy Term:_____
18. Are field trips conducted? ☐ Yes ☐ No
    a. If Yes, describe transportation: _____
    b. If Yes, what is the minimum age of children allowed to participate?_____
    c. Describe field trips anticipated in next 12 months (include frequency, distance, supervision, etc.):

    _____

    _____

    d. Is written permission/waiver signed by parents for field trips? ☐ Yes ☐ No
19. **Playground** (complete the following section) ☐ **NA**
    a. Is the area fenced? ☐ Yes ☐ No
    b. List play equipment:

    _____

    _____

    c. Is staff present at all times when children are using the play area? ☐ Yes ☐ No
    d. Is the playground equipment properly maintained and inspected on a specified schedule? ☐ Yes ☐ No
    e. Describe playground surfaces and depths:

    _____

    _____

20. Does the center care for children with Special Needs? ☐ Yes ☐ No
    If Yes, provide details:

    _____

    _____

21. Do you provide **sick child, drop in, overnight, boarding** or **camp** services? ☐ Yes ☐ No
    If Yes, explain:

    _____

    _____

22. **Special Activities:**

a. Are any pets or animals kept on premises? ☐ Yes ☐ No

If Yes, describe animals, caging and type of interaction:

_____

_____

b. Are special classes provided? (gymnastics, dance, music lessons, karate, etc.) ☐ Yes ☐ No

If Yes, explain:

_____

_____

c. Are special classes taught by an independent contractor on your premises? ☐ Yes ☐ No

If Yes, do you request/maintain Certificates of Insurance from all subcontractors? ☐ Yes ☐ No

23. If you provide an athletic program, do you have concussion protocols in place? ☐ Yes ☐ No

If Yes, please describe:

_____

_____

COMMENTS

_____

_____

_____

_____

_____

PANDEMIC AND COMMUNICABLE DISEASE

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No

a. Do your procedures address:

i. Staffing ☐ Yes ☐ No

ii. Training ☐ Yes ☐ No

iii. Personal protective equipment ☐ Yes ☐ No

iv. Client care ☐ Yes ☐ No

v. Vendors/visitors ☐ Yes ☐ No

vi. Internal & external communication ☐ Yes ☐ No

vii. Maintenance of premises and vehicles ☐ Yes ☐ No

viii. CDC guidelines and recommendations ☐ Yes ☐ No

b. Please provide a copy of your written procedures

2. Have you ever had to implement those procedures? ☐ Yes ☐ No

a. If yes, please provide details. _____

_____

_____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: _____

Title or position: _____ Date: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance orsituation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, andit is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorizedsigner to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative

_____ Date _____

The Hanover Insurance Group®

The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

hanover.com
The Agency Place (TAP)—https://tap.hanover.com

115-1050 (5/20)