



CHILD CARE SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. How are employees screened prior to being hired? _____

4. What is the level of housekeeping in the center? _____

5. Are employees required to wash their hands before preparing and serving foods? Yes _____ No _____

6. Are employees required to wear disposable gloves for each diaper change, contact with blood and vomit, or during administering first aid? Yes _____ No _____

7. Are employees trained in proper lifting techniques? Yes _____ No _____

8. Are employees trained on how to handle unruly children to minimize the potential for injury?

Yes _____ No _____

9. Do employees use their own vehicles to run errands or transport children? Yes _____ No _____

10. Is there group transportation for field trips? Yes _____ No _____

11. Do any drivers have or exceed the following:

a. Any major violations in the past three years (including DWI, Reckless Driving, etc...)? Yes _____ No _____

b. Any combination of 3 or more moving violations or at-fault accidents in the last 3 years. Yes _____ No _____

c. Suspended or revoked license? Yes _____ No _____