

Named Insured: _____

Website: _____ Number of enrolled children: _____

License number: _____ Number of Employees: _____

PLEASE ANSWER ALL QUESTIONS AND INCLUDE PROOF OF GENERAL LIABILITY

	Yes	No
Has your license ever been revoked or suspended?	☐	☐
Are there any dogs/exotic animals on site?	☐	☐
Is there an unfenced swimming pool on the premises?	☐	☐
Is there a trampoline on the premises?	☐	☐
Is there a screening procedure in place for all employees including criminal background checks	☐	☐
Have any employees, volunteers or family members been convicted of any violent or sexual abuse crimes?	☐	☐

Insured Signature: _____

Date Signed: _____