

**DAY CARE CENTER SUPPLEMENTAL**

1. Hours of operation: \_\_\_\_\_
2. Does applicant pick up or drop off kids to local elementary schools? \_\_\_\_\_ If yes, what is the radius of travel? \_\_\_\_\_
3. Do they take kids on field trips? \_\_\_\_\_ If yes, to what types of places, frequency and radius of travel. \_\_\_\_\_
4. Do they pull MVR's on all employees who drive? \_\_\_\_\_ If yes, how often? \_\_\_\_\_
5. Do they provide a hot lunch meal for the kids? \_\_\_\_\_
6. Age of the children? \_\_\_\_\_

Note: Any employees who spend part or all of their time either driving or cooking, must have the wages for the time they spend driving or cooking assigned to class 9059.

The applicant warrants and represents to the insurer that the information entered in this supplemental application is true and correct. The applicant acknowledges that the information presented herein is material to the decision of the insurance company to issue a policy, and that this issuance of a policy by the insurer is in reliance upon the sufficiency and accuracy of the information by the applicant in this supplemental application.

Authorized Representative: \_\_\_\_\_  
Print Name / Title

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