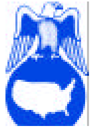

United States Liability Insurance Group

Extended or Nighttime Child Care

SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name of Applicant________________________________ Date: ______________________

If you have a website, include your website address: ________________________________

Explain Need for extended hours/overnight care: ________________________________

____

____

	Acceptable	Prohibited
1) Are the children in the facility less than 10 hours?	❑ Yes	❑ No
2) Is the facility licensed for nighttime care?	❑ Yes	❑ No
3) Is the facility locked and/or alarmed after 7 PM?	❑ Yes	❑ No
4) Are there at least two staff members on duty at all times?	❑ Yes	❑ No
5) Are all children 12 years old or younger?	❑ Yes	❑ No
6) Are all staff members over age 21?	❑ Yes	❑ No
7) Are all staff members required to be awake?	❑ Yes	❑ No
8) Are the children regularly enrolled at the center?	❑ Yes	❑ No

9) Number of Children cared for from 9:00pm until 6:00am: ________________________

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violations.

If the applicant is located in the State of New York, the State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker. ____

Address. ____

Mail Completed Application
Through Local Agent or Broker to:____

Signature ____

(Owner or Officer of Corporation)

Title ______________________________ Date ______________________