TRAVELERS

DAYCARE CENTER/DAY CAMPS SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured	Proposed Effective Date

Please complete a separate daycare supplement for each facility.
Please complete a Abuse or Molestation Supplement for each facility.

DAY CARE/NURSERY **DAY CAMP**

1. a. Name of facility: _____

   b. Address: _____

   c. City: _____ State: _____

   County: _____ Zip Code: _____

2. Description of operation:

3. Does this facility have the following:

   a. Emergency evacuation plan? ..... Yes No

   b. Regularly inspected fire/smoke detection systems? ..... Yes No

   c. Two separate exits on each floor? ..... Yes No

   d. First aid equipment? ..... Yes No

   e. Someone on premises during business hours, trained in administering first aid? ..... Yes No

   f. Does playground equipment meet Consumer Product Saftey Commission (CPSC) standards? ..... Yes No

"COMPLETION OF THE SUPPLEMENTAL APPLICATION FOR ABUSE OR MOLESTATION COVEAGE IS REQUIRED FOR EACH FACILITY"

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For all other applicable state fraud warnings, please see the main application.

Signature	Date

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