



DAYCARE CENTER/DAY CAMPS SUPPLEMENT
PUBLIC SECTOR SERVICES

Name of Insured	Proposed Effective Date
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Please complete a separate daycare 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 Safety Commission (CPSC) standards?..... | Yes | No |

**"COMPLETION OF THE SUPPLEMENTAL APPLICATION FOR ABUSE OR MOLESTATION COVERAGE
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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Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.