



# BEST CHOICE

INSURANCE AGENCY

Extended or Nighttime Child Care

314-731-1400

Fax: 314-731-1401

www.bestchoiceinsurance.com

## 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 \_\_\_\_\_