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Baker, Romero & Associates Insurance Brokers Inc.

Day Care/ Preschool Form

Servicing the insurance needs of social service organizations since 1986. License #OG22790

Please complete the information below and return with a copy of your brochure.

Name of Organization: _____ Contact: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Description of Services: _____

Utilized square footage _____ Fenced Yard? yes no / Pets or mascots? _____

Annual Payroll: _____ Budget: _____ # of Employees: _____ # of Volunteers: _____ Years in Operation: _____ Fed. ID #: _____

Average Daily Attendance _____ / # of teachers _____ / # Teacher Aids _____ / all other _____

Describe all play equipment, indoors and outdoors: _____

What is the surface under the playground area: _____

Licensed _____ Capacity _____ Hours _____

Is transportation provided? yes no If yes, explain: _____

Do you obtain fingerprint clearances from the Department of Justice for all staff? Yes _____ No _____

Background/Reference check? yes no

Are you a Non Profit Corporation? Yes ___ No ___ / Major Funding Sources: _____

Describe **Special Events/Fundraisers** (date, description and # of attendees) PROVIDE DETAILS _____

Is there a swimming pool? yes no / Describe Field Trips: _____

Provisions for medication, injuries or illness: _____

Age Group	# of Children	Ages	# of staff
Day Care			
Pre School:			
After School/Latch Key			
Head Start			
Elementary School			

LOCATIONS: PLEASE LIST ALL LOCATIONS AND COVERAGES REQUESTED.

Address	Square Footage	Building Value	Contents Value	Computer Value	Extra Expense	Alarm System?

Signature of Application: _____ Date: _____