MAXUM
Specialty Insurance Group

DAY CARE CENTER SUPPLEMENTAL

Applicant's Name: Discovery Days Learning Center LLC. DBA Discovery Barn Learning Center

Location Address: 520 S. 17th Street, West Columbia, TX. 77486

1. The Center is located in: ❑ Private Home ☒ Separate Building ❑ Church ❑ School
   ❑ Other: _____ (Please describe)

2. Center is located in a: ☒ Commercial ❑ Residential ❑ Rural setting

3. Does your Center exit directly to the outside? ☒ Yes ❑ No To ground level? ☒ Yes ❑ No

4. Does your Center have smoke detectors? ☒ Yes ❑ No
   Does your Center have fire extinguishers? ☒ Yes ❑ No
   Are they inspected and tagged? ☒ Yes ❑ No
   Are they checked and tested on a regular basis? ☒ Yes ❑ No
   If so, how often? Annually

5. Is premises child-proofed to eliminate potential hazards? ☒ Yes ❑ No

6. Do the Center's bathroom doors lock? ❑ Yes ☒ No If yes, can they be unlocked from the outside?
   ☒ Yes ❑ No

7. Has a lead abatement been performed since 1980? ☒ Yes ❑ No

8. Is the Center licensed? ☒ Yes ❑ No If yes, copy of Day Care License must be attached.

9. Has a license to operate ever been denied, suspended or revoked? ❑ Yes ☒ No
   Have you ever been brought up for a compliance hearing? If so, explain:_____

10. If the Center has an after school program, there are _____ children enrolled in that program.

11. Provide duties and ages of all staff less than 18 years of age: None

12. Based on the maximum number of children enrolled on your busiest day or busiest session, what is your actual breakdown of total staff to total number of children by age group?

13.

AGE GROUP	# OF TEACHERS	# OF CHILDREN
0 – 6 Months	3	10
6 - 24 Months	6	40
2 – 5 years	14	140
5 and older	2	20

13. There are if any children enrolled at the Center who are emotionally or physically handicapped or who require special treatment due to existing medical problems. Describe disability, age of child(ren), and special care provided by Center staff:

14. There are if any children enrolled at the Center who require a special diet. Describe diet:

15. A minimum of one staff member certified in First Aid is present at all times? ☒ Yes ☐ No

16. Do you provide sick child facilities? ☐ Yes ☒ No If Yes, please describe:

17. Please describe Center's child release policy: Children are released only to custodial parent or guardian.

18. Is a file maintained on each child containing the following information:
Immunization records of the children being immunized successfully and updated annually? ☒ Yes ☐ No
Records for each child indicating unusual conditions the child has? ☒ Yes ☐ No
Signed releases for emergency medical treatment/dispensing of medication obtained from parents? ☒ Yes ☐ No
Is dispensing of children's medication also subject to written instructions from physician? ☒ Yes ☐ No

19. Do you utilize swimming facilities? ☐ Yes ☒ No ☐ On Premises ☐ Off Premises
If no, do you anticipate using swimming facilities in the future? ☐ Yes ☐ No
If yes: Are pool depths marked? ☐ Yes ☐ No
Staff trained in water safety? ☐ Yes ☐ No
Minimum age of children allowed in the water:_____
Is the pool area fenced? ☐ Yes ☐ No
Is there a self-locking gate? ☐ Yes ☐ No
Is the walking surface around the pool in good condition? ☐ Yes ☐ No
Is there adequate supervision? ☐ Yes ☐ No
Are there lifeguards used at all times? ☐ Yes ☐ No
Any slides or diving boards? ☐ Yes ☐ No
If so, what is the maximum height of diving board:_____
Is the storage of pool chemicals secure? ☐ Yes ☐ No

20. Is there a playground? ☒ Yes ☐ No Is it fenced? ☒ Yes ☐ No
Please describe playground surface:
Kiddie Mulch
Are there any trampolines present? ☐ Yes ☒ No
Is there appropriate separation of age groups? ☒ Yes ☐ No
Is playground equipment properly maintained and checked? ☒ Yes ☐ No
If so, how often is equipment checked? Weekly
Does playground equipment and toys meet the consumer safety code requirements? ☒ Yes ☐ No

21. Are there any pets or animals kept on the premises? ☐ Yes ☒ No
Please describe:_____

22. Are field trips taken? ☒ Yes ☐ No If field trips are taken:
    Describe field trips Parks, Library, Fire Station, Movies, Farm
    Frequency of field trips Summer-time Only
    Maximum distance from Center 50 Miles
    Is written permission/waiver obtained from each child's parent or guardian? ☒ Yes ☐ No
    Is transportation hired with or without a driver? ☐ Yes ☒ No
    What is the youngest age allowed for field trips? 4 year olds
    If no field trips provided currently, do you anticipate have the in the future? ☐ Yes ☐ No
    If yes, please explain: _____

23. Is food properly covered, stored and served in accordance with government requirements? ☒ Yes ☐ No

24. Are special classes provided? (i.e., gymnastics, dance, karate, etc.) ☐ Yes ☒ No
    If yes, please explain: _____
    Does an independent contractor on your premises teach special classes? ☐ Yes ☐ No
    Do you require proof of liability coverage for independent contractor? ☐ Yes ☐ No

25. Does applicant provide regular transportation for children? ☒ Yes ☐ No Maximum distance: 5
    Are buses and/or vans checked after children disembark from vehicle? ☒ Yes ☐ No
    Are drivers put through specialized drivers training? ☒ Yes ☐ No
    Are they experienced in driving van/buses? ☒ Yes ☐ No
    If employees, how long have they been employed by the applicant? More than a year
    What is the expected annual payroll? _____

26. Does the applicant check driver Motor Vehicle Reports? ☒ Yes ☐ No
    Does applicant have procedures for evaluating Motor Vehicle Report? ☒ Yes ☐ No
    What actions are taken if an employee's driving record is considered unacceptable?

The employee is excluded as a driver.

27. Do you have any employees or volunteers driving their own vehicles for company business? ☐ Yes ☒ No
    If so, please answer the following:
    How many employees or volunteers? _____
    How often do they drive their own vehicles for company business? _____
    Does the applicant require the employee to carry personal insurance? ☐ Yes ☐ No
    Are certificates of insurance obtained from the employee's automobile insurance company? ☐ Yes ☐ No
    What are the minimum limits required? _____

28. Driver screening and/or vehicle maintenance plan for passenger vehicles in effect? ☒ Yes ☐ No

29. Does the applicant have a written emergency evacuation plan in effect? ☒ Yes ☐ No
    How often are evacuation drills performed? Monthly

30. Does the applicant accept drop-in children for the day? ☐ Yes ☒ No If yes, explain drop-in policy and indicate approximate number of drop-in children accepted weekly in the space provided or separate sheet of paper:

31. Are there any other operations other than child care? ☐ Yes ☒ No If yes, please explain:

SEXUAL ABUSE:

32. Does your employment application include questions about whether an individual has ever been convicted for any crimes, including sex related or child abuse related offenses? ☒ Yes ☐ No

33. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs and what to do if a member reports someone molested him/her? YES

34. Do you perform criminal background investigations on all current employees and volunteers? ☒ Yes ☐ No
How long have you been performing these checks (# of years)? 11 years
For how many years do you keep these records on file after employee or volunteer leaves service? 5 1/2 years
Do you verify employment-related references? ☒ Yes ☐ No
Do you conduct a personal interview? ☒ Yes ☐ No

35. Do you have written procedures for dealing with sexual abuse? ☒ Yes ☐ No If so, please attach a copy.

36. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? ☒ Yes ☐ No How is staff monitored? ☒ Video ☒ Windows

37. Has your organization ever had an incident, which resulted in an allegation of sexual abuse? ☐ Yes ☒ No
If yes, please complete the following:
Was a claim made against the organization? ☐ Yes ☐ No
Is that individual still employed with your organization? ☐ Yes ☐ No
Was the case settled? ☐ Yes ☐ No If so, please explain: _____
How much money was paid as damages to the victim?
$_____

38. Does your current insurance program include abuse and molestation coverage? ☒ Yes ☐ No
If so, please indicate the limit of liability provided: $ 100,000/$300,000

39. Do you have an accident/health policy? ☒ Yes ☐ No Is coverage mandatory for all students?
☒ Yes ☐ No
Provide carrier information: Frances L. Dean Limits $25,000 per student
Policy Term: 9/4/25 to 9/4/26

40. Does the applicant utilize video-monitoring equipment? ☒ Yes ☐ No

Please be sure to provide all available loss runs for applicant.

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

FRAUD WARNING

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant: Shae Horak
Please print

Signature: _____

Date: 10/16/2025

Agency's Name: James Green e& Associates

Producer's Name: Jonathan Menendez

Producer's Signature: _____

Date: 10/14/2025