

Nanny Services Supplemental Application

You must provide a completed Physical Sexual Abuse supplement with each application.

I. Operation

1. Detailed description of operations: _____
2. Age range of children: _____
3. Are services provided for clients with trach/ventilator needs? Yes No
Provide details and % of clients with trach/ventilator needs: _____
4. Provide number or percentage for nanny services/babysitting: _____
5. Provide number or percentage for nanny services/housekeeping: _____
6. Provide number or percentage for nanny services/placement agency: _____
7. Provide experience of owner/administrator: _____
8. Are services to be provided for travel? Yes No
Any travel outside the US? Yes No

II. Training and Staff

1. Details of training of nannies: _____
2. Does applicant credential nannies? Yes No
3. Are they certified and by whom? _____
4. Are they trained in CPR? Yes No
5. Are background checks performed? Yes No
6. Provide number of employees by profession: _____
7. Provide number of live-ins: _____
(Note: Physical Sexual Abuse is not provided for live-ins)
8. If Non-Owned Auto is desired, provide hours and payroll of staff: _____
(Attach a Non-Owned Automobile Supplement)

III. Safety

1. What safety protocols are in place? _____
2. Are there swimming pools or any bodies of water at locations? Yes No
If yes, are the pools and bodies of water fenced? Yes No

Provide Underwriting Information Below for Each Submission

1. Attach brochure and/or marketing material
2. Attach applicant's license
3. Attach résumé
4. Attach credentialing protocols

Date

Signature/Title