

General Information

Legal Name of Childcare Agency:

Mailing address:

How long have you been in operation?

Website Address:

Name of contact person:

Position of contact:

Phone Number:

Annual revenues generated? \$

Number of home childcare providers:

Number of staff members:

Annual Payroll:

Does the facility obtain written medical history including details of allergies for each child? (attach sample)	Yes	No
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Is medication administered?	Yes	No
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Signed parental consent on file?	Yes	No
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Who is responsible for administering?

Do all employees have C.P.R and first aid training?	Yes	No
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What is the policy regarding sick children?

Are emergency telephone numbers (fire, poison control, police, ambulance) posted by telephone?	Yes	No
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Describe any off-site activities (e.g. visits to zoo, park, etc.) and method of transportation:

Is there an outside playground?	Yes	No
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If yes, is it fenced and locked?	Yes	No
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Are staff members always present while children are using the playground?	Yes	No
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Describe any playground equipment:

Are documented records kept for all incidents indefinitely?	Yes	No
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Is written notification required if someone other than the parent or guardian will be picking up the child?	Yes	No
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Does the centre transport children?	Yes	No
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If yes, please advise details:

Are employees discouraged from transporting children with their own vehicles?	Yes	No
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If yes, please advise frequency and number of vehicles:

Risk Information

Location Address:					
Building Construction (if mixed construction, please indicate percentage of each type):					
Fire Resistive (concrete wall, roof, floors)					%
Masonry, non-combustible (masonry walls, steel deck roof, concrete floors)					%
Steel on steel (non-combustible walls, roof and floors with non-combustible supports)					%
Brick veneer (frame walls with brick veneer, wood floors/roof)					%
Frame (walls, floors/roof all of combustible materials)					%
Year Built:	Number of Storeys:	Total Square Footage (including basement):			
If the building was constructed over 25 years ago, have the following been upgraded or replaced?					
Roof	Yes	No	If yes, year updated:		
Electrical	Yes	No	If yes, year updated:		
Plumbing	Yes	No	If yes, year updated:		
Heating	Yes	No	If yes, year updated:		
Type of Heating System:		Type of Secondary Heating (if any):			
Municipal Water Supply?	Yes	No			
Number of Fire Hydrants within 150 metres:		Distance to Fire Hall:		km	
Is the building being protected by an automatic sprinkler system?		Yes	No		
If yes, extent of protection:		100%	Partial: If partial, please describe:		
Does the sprinkler system have monitored alarm protection?		Yes	No		
Is there a fire alarm system?	Yes	No	If yes, is the fire alarm monitored?		Yes No
Is the building protected by an intrusion alarm?		Yes	No		
If yes, is the alarm monitored?		Yes	No	Is there camera surveillance of the premises? Yes No	
Do you have a working sump pump?		Yes	No		
If yes, does it have a backup battery/generator/other power source?		Yes	No	Is it alarmed?	Yes No
Does your building have a backflow valve installed on the sanitary sewer line?		Yes	No		
Do you have water sensors installed in your building?		Yes	No		

Coverages/Limits Requested

PROPERTY & BUSINESS INTERRUPTION

Location 1

Building replacement cost (including tenant's improvements)					\$
Contents replacement cost (equipment and stock)					\$
Business Interruption					\$
Property deductible	\$2,500	\$5,000	\$10,000	\$25,000	
Earthquake coverage			Yes	No	
Flood coverage			Yes	No	

CRIME

Coverage	Standard Limits	Limit Requested
Employee Dishonesty – Commercial Blanket (Form A)	\$100,000	\$
Broad Form Money & Securities (Inside)	\$10,000	\$
Broad Form Money & Securities	\$10,000	\$
Depositors' Forgery	\$50,000	\$
Money Orders & Counterfeit Currency	\$25,000	\$
Credit Card Forgery	\$25,000	\$

LIABILITY	
Coverage	Limit
Commercial General Liability (each occurrence/general aggregate)	\$
Tenant's Legal Liability Broad Form (any one premises)	\$
Employers' Liability Extension	\$
Educators' E&O Extension (each occurrence/annual aggregate)	\$
<i>Separate applications required to quote Abuse, D&O. and Umbrella Insurance</i>	

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Signature of authorized officer	
Print name and title of officer signing application	
Date	