

INSURED DETAILS:

1. Named Insured: _____
2. Mailing Address: _____
3. Risk Address: _____
4. Description of Operations: Home Daycare Daycare Center Before/After School Child Care
 If other, please describe: _____
 NOTE: we cannot offer coverage for the following child care services at this time: Montessori, Preschool, Babysitting/Nanny, Overnight care
5. Number of Years in Business: _____ 6. Years of experience: _____
 If new venture, a minimum of 5 years related work experience required. Copies of the following information must be attached with this application.
 Resume Daycare Policy Daycare Contract
7. Required Inception Date: _____ 8. Website: _____

STAFF & CHILDREN - **Please specify "maximum number of children", in your care at any one point in time in the table below:**

AGE GROUP	FULL DAY (children**)	HALF DAY (children**)
Under 1 year		
1 – 2 years		
2 – 3 years		
3 – 6 years		
6+ years		

***UNDERWRITERS RELY UPON THIS INFORMATION TO PROVIDE INSURANCE TO YOU.
 ANY MATERIAL CHANGES OR ADDITIONS ARISING MIDTERM, MUST BE NOTIFIED TO PREMIER IMMEDIATELY.
 FAILURE TO DISCLOSE ACCURATE INFORMATION WILL RESULT IN NO COVERAGE BEING PROVIDED UNDER THIS POLICY.***

GENERAL LIABILITY:

9. Annual Revenue: _____ Annual Payroll: _____ Annual Operating Budget: _____
10. Number of Employees: _____ Number of Volunteers: _____
11. Are you provincially licensed? YES NO
 If no, are all statutory standards of care met? YES NO
 If yes, # of children facility is licensed for: _____ Municipal / Provincial permit #: _____
12. Have you ever been shut down, suspended or had your license issued with contingencies for operation? YES NO
13. Hours of Operation: _____
14. Number of Staff who are ECE qualified: _____
15. Do you serve food? YES NO
 If yes, please provide further information on the food provided: _____
16. Is facility peanut-free? YES NO
 If no, how is this communicated to parents? _____
17. Do all employees have first aid and EPI pen training? YES NO
18. Is other medication administered by staff? YES NO
 If yes, please advise details: _____
19. Do you obtain confirmation that all attending children have immunizations up to date? YES NO
 If no, please provide further information: _____
20. What is your policy regarding sick children? _____
21. Please describe your procedure if children are not picked up in time: _____
22. Please provide details of any off-site exposures or operations (field trips/playground visits): _____
23. Is access to playground equipment restricted? YES NO
 (We do not bind cover if there is a trampoline, bouncy castles or indoor playground gym)

DAYCARE CGL AND ABUSE LIABILITY APPLICATION

24. If you are a home-based daycare, is there a pool on the premises? YES NO
25. Do you have any dogs on the premises? YES NO
 If yes, please advise breed (including mixture) for each dog: _____
26. Do you have any special needs children attending your facility? YES NO
 If yes, please describe special measures taken for their care: _____
27. Please describe procedures for dealing with aggressive behavior: _____
28. Please confirm you keep written records of all incidents involving attending children? YES NO

NON OWNED AUTOMOBILE LIABILITY:

29. Do you or your employees ever use your own vehicles to transport children for any reason? YES NO
 If yes, please advise circumstances, including how often this happens: _____
 Please confirm limit of liability you and/or your employees maintain: _____
30. Do you ever rent vehicles to transport children in your care? YES NO
 If yes, please advise circumstances, including how often this happens: _____
31. Do you provide any drop off or pick up services? YES NO
 If yes, please provide specific details, including whose vehicle is used for this: _____

OPTIONAL - ABUSE LIABILITY:

32. Please confirm you review child abuse and neglect laws with all new employees and volunteers? YES NO
33. Please confirm you obtain written applications from all employees and volunteers? YES NO
34. Are reference checks obtained from prior employers? YES NO
35. Are all employee checks documented in writing? YES NO
36. Please confirm criminal record checks are completed for all employees at least every 3 years? YES NO
37. Do employees receive on-the-job training prior to starting job duties? YES NO
38. Is there a probationary period during which new employees are not permitted to be alone with children? YES NO
39. Is there a written policy in place with regard to abuse and abuse prevention? YES NO
40. Does this policy include the requirement of immediate reporting of any potential incidents to the authorities? YES NO
41. Are employees and volunteers trained to recognize possible abuse? YES NO
42. Please describe any additional procedures which have been implemented that reduce potential incidents of abuse:

IF YOU HAVE ANSWERED NO TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE ADDITIONAL INFORMATION:

43. Are any services ever subcontracted out to others? YES NO
 If yes, please describe: _____

OPTIONAL - ERRORS AND OMISSIONS:

44. Do you always use a written contract with clients? YES NO Majority of the Time
45. Does the daycare currently carry E&O Insurance? YES NO If yes, what is the retroactive date on the current E&O policy? _____
46. Has the daycare, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions? YES NO
 If yes, please provide full details: _____

COVERAGE REQUESTED:

COVERAGE	Limit Required	Deductible
COMMERCIAL GENERAL LIABILITY: <i>occurrence form</i>	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000 Home Based <input type="checkbox"/> \$500
NON OWNED AUTOMOBILE LIABILITY	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000
ABUSE LIABILITY: <i>claims made, costs inclusive</i> <i>(Optional; not all options available for home-based daycares)</i>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000
ERRORS & OMISSIONS: <i>claims made, costs inclusive</i> <i>(Optional; not available for home-based daycares)</i>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000

CLAIMS HISTORY:

47. Has there been any claims within the past 5 years?

If yes, please advise the following:

Details – DOL: _____ Open / closed: _____

Description of Claim: _____

Amount paid (including legal expenses and reserves): \$ _____

48. Are you aware of any facts, incidents or circumstances which may result in a claim being brought against you? YES NO

If yes, please provide a full explanation on a separate page.

49. Have you ever had insurance that's been cancelled / declined or non-renewed? YES NO

If yes, please explain: _____

PREVIOUS INSURANCE (CGL and ABUSE):

50. Current Carrier: _____ CGL Limit: \$ _____ CGL Premium: \$ _____
 Occurrence Claims Made Abuse Limit: \$ _____ Abuse Premium: \$ _____

OPTIONAL - PROPERTY:

Risk Location: _____

Distance to hydrant: _____ Distance to responding fire department: _____ kms

Year Built: _____ # of Stories: _____ Building Construction Type: _____

Heating: Gas Electric Oil Other: _____ Electrical: 100 amp Breakers Fuses

Updates to above (include date of updates to each): _____

Occupancy: 1st Floor: _____ 2nd Floor: _____ Basement: _____

Burglary Alarm: Yes No Monitored: Yes No Sprinklered: Yes No Smoke Alarms: Yes No CO₂ Alarm: Yes No

Are all exits properly marked as such? YES NO Are all exits accessible at all times? YES NO

COVERAGE SUMMARY:

Coverage	Deductible	Limit
Building – All Risk – 90% co-insurance	\$ _____	\$ _____
Contents – All Risk – 90% co-insurance	\$ _____	\$ _____
Equipment – All Risk – 90% co-insurance	\$ _____	\$ _____
Miscellaneous Property		
Computer Equipment, incl laptops	\$ _____	\$ _____
Portable Equipment	\$ _____	\$ _____
Playground Equipment	\$ _____	\$ _____
Business Interruption - Profits	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Earthquake	10%	
Flood	\$10,000	
Sewer Back Up	\$5,000	
Equipment Breakdown	\$1,000	

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Name: _____ **Position Held:** _____

Applicant's Signature: _____ **Date:** _____

Brokerage: _____ **Broker Name:** _____

Broker Email: _____ **Broker phone:** _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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