

1. GENERAL INFORMATION

Name of Day Care Operation			
Location of the facility if not located in the Place of Worship			
Is this a Not- for- Profit facility operated by the Place of Worship for use by the Congregation? (If 'No', does not qualify for this insurance)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long have you been in operation?			
Name of contact person			
Position of contact person		Tel. no. of contact person: _____	
Hours of operation			
Annual revenues generated?		\$ _____	
Is Facility licensed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of children facility is licensed to care for			

2. NUMBER OF CHILDREN AND EARLY CHILDHOOD EDUCATORS/ASSISTANTS

Age	Full Day	Morning	Afternoon	No. of Early Childhood Educators
1 - 12 months				
1 - 3 years				
3- 6 years				
6 + Years				

Number of staff members? Number of staff who are E.C.E. qualified?

Is food served to children? Yes No If 'Yes', what type? (snacks, hot meals)

Does the facility obtain written medical history including details of allergies for each child? Yes No (attach sample)

Is medication administered? Yes No Signed parental consent on file? Yes No

Who is responsible for administering?

Do all employees have C.P.R. and first aid training? Yes No

What is the policy regarding sick children?

Are emergency telephone numbers (fire, poison control, police, ambulance) posted by telephone? Yes No

Describe any off-site activities (e.g. visits to zoo, park etc) and method of transportation:

Is there is an outside playground? Yes No If 'Yes', is it fenced and locked? Yes No

Are staff members always present while children are in the playground? Yes No

Describe any playground equipment:

Are documented records kept for all incidents? Yes No

Is written notification required if someone other than the parent or guardian will be picking up the child? Yes No

Does the Day Care pick-up or drop-off children? Yes No

If 'Yes', please advise frequency and number of children

Do employees ever use their own vehicles to transport children? Yes No

If 'Yes', please advise frequency and number of vehicles

3. COMPLETE THE SECTION ONLY IF THE DAY CARE IS OPERATED IN A SEPARATE BUILDING

Year built: Is building owned? or rented?
 Number of storeys: Total area square meters

Is building protected by a burglary alarm? Yes No
 If 'Yes', is it monitored? Yes No (rings to off site station), or Local (rings only at premises)

Is building protected by a fire alarm system? Yes No
 If 'Yes', is it monitored? or Local?

Do you occupy 100% of the building? Yes No

Building Construction (Select one, if mixed, indicate percentage applicable to each type)

Fire Resistive (concrete walls, roof, floors)	%
Non- Combustible (masonry walls, steel deck roof, concrete floors)	%
Masonry (masonry walls, wood floors / roof)	%
Brick Veneer (frame walls with brick veneer, wood floors / roof)	%
Frame (walls, floors / roof all of combustible materials)	%

Distance to fire hydrants meters
 Distance to full-time Firehall kilometers OR
 Distance to Volunteer Firehall kilometers
 Is building sprinklered: Yes No
 If 'Yes', what percentage of building is protected? %
 Is system monitored? Yes No

Type of heating system (select one): Steam Hot Water Forced Air Electric
 Other (Describe)
 Type of secondary heating system, if any:

Is Boiler And Machinery Coverage Required? Yes No (if 'Yes' complete below)

Any pressure vessels over 24-inch in diameter? Yes No
 If Yes please provide details:

Is food spoilage coverage required? Yes No If 'Yes', maximum value of contents \$
 Any major equipment breakdowns or claims within last five (5) years? Yes No If 'Yes' please provide details:

4. COVERAGE AND LIMITS

Property (90% Co-insurance clause applies)		
Coverage	Deductible (Minimum \$1,000)	Limit (Replacement Cost)
Building	\$	\$
Contents	\$	\$
Rental Income	\$	\$
Loss Of Income - Gross Earnings (80% Co-insurance)		\$
Loss Of Income - Profits		\$
Extra Expense		\$
Professional Fees		\$
Employee Dishonesty - Form A		\$
FLOOD COVERAGE ? Yes <input type="checkbox"/> No <input type="checkbox"/> EARTHQUAKE COVERAGE? Yes <input type="checkbox"/> No <input type="checkbox"/>		

5. LIABILITY

Commercial General Liability - Each Occurrence/Aggregate \$ Included
 Tenant's Legal Liability - Broad Form \$ 250,000 automatically included
 Higher limit required? \$

6. PREVIOUS INSURANCE AND CLAIMS INFORMATION

Name of prior Day Care Insurer			
Policy number		Number of years insured with prior insurer	
Expiry date of Policy			
Has any Insurance Company cancelled or declined to renew an insurance policy for this Day Care?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please provide details of the circumstances:			

Please provide information for all claims (insured or not), occurring in the last five (5) years. If no claims, please check

Date of claim	Description	Amount Paid or reserved
		\$
		\$
		\$

Broker Information - Is this Day Care operation new business to your office? Yes No

If the Day Care is NOT located within the Place of Worship which is the subject of this application, please attach colour photograph of the building - one each of front and rear.

To Be Completed by Applicant

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 proposal 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.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Date

Signature of Officer

Title