

**DAYCARE CGL AND ABUSE LIABILITY APPLICATION**

**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)

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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: \_\_\_\_\_
- \_\_\_\_\_

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**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: 1<sup>st</sup> Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ Basement: \_\_\_\_\_  
 Burglary Alarm:  Yes  No Monitored:  Yes  No Sprinklered:  Yes  No Smoke Alarms:  Yes  No CO<sub>2</sub> 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	

**DECLARATION / CONSENT:**

**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.**

<b>Applicant's Name:</b>	_____	<b>Position Held:</b>	_____
<b>Applicant's Signature:</b>	_____	<b>Date:</b>	_____
<b>Brokerage:</b>	_____	<b>Broker Name:</b>	_____
<b>Broker Email:</b>	_____	<b>Broker phone:</b>	_____

*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](mailto:newbizcommercial@premiergroup.ca) \*\***

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