

DAYCARE RENEWAL APPLICATION

1. Insured Named: _____ Policy No.: _____

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		

BUSINESS OPERATION

2. Fees from Applicant's operations:

Last 12 months (expiring)	Next 12 months (estimates)
\$	\$

3. Have there been any changes in operations? *(For example, number of children in care, dogs/pets, employees, etc.)* YES NO

Please indicate below if there have been any changes to the Insured's operation since the last policy term:

CLAIMS

4. 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 details:

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.

Name of Insured: _____

Signature of Insured: _____

Date: _____

Name of Broker: _____

Brokerage: _____

Signature of Broker: _____

Date: _____

NOTE: THERE IS NO AUTOMATIC RENEWAL. WE REQUIRE THIS FORM COMPLETED AND RETURNED PRIOR TO THE EXPIRY DATE IN ORDER FOR US TO OFFER RENEWAL TERMS.

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 - processingcommercial@premiergroup.ca ****

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