

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/Community)? (If No, does not qualify for this insurance)		Yes _____ No _____		
How long in operation?	Years			
Name of contact person				
Position of contact person		Telephone number of contact person:		
Hours of Operation				
Annual revenues generated?	\$			
Is Facility licensed?	Yes ____ No ____			
Number of children facility is licensed for				
2. Provide number and ages of children and teachers/assistants				
Age	Full Day	Morning	Afternoon	No. of teachers
1 – 12 months				
1 – 3 years				
3- 6 years				
6 + Years				
Number of staff members? _____ # of Volunteers _____ Number of staff who are E.C.E. qualified? _____				
Is food served to children? Yes ____ No ____ 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 (eg. visits to zoo, park etc) and method of transportation: _____ _____				

If there is an outside playground is it fenced and locked? Yes ___ No ___

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

Describe any playground equipment:

2. Provide number and ages of children and teachers/assistants (continued)

Are documented records kept for all incidents? Yes ___ No ___

Is written notification required if someone other than the parent of 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, how many and frequency? _____

3. Complete the following coverage sections ONLY if the day care is operated in a separate building

PROPERTY RISK INFORMATION

Year Built _____

Is the building owned or rented? Yes ___ No ___

Number of Storeys? _____

Total area _____ square meters

Distance to Hydrants _____ meters

Distance to full-time Fire hall _____ Kilometers

Distance to Volunteer Fire hall _____ Kilometers

Type of Heating System (choose one): Steam ___ Hot Water ___ Forced Air ___ Electric ___ Other (Describe) _____

Type of Secondary Heating System, if any _____

Is building equipped with smoke/heat detectors/fire extinguishers? Yes ___ No ___

Is building protected by a Burglary alarm? Yes ___ No ___

Is building equipped with a fire alarm? Yes ___ No ___

If Yes, is it monitored on a 24 hour basis? Yes ___ No ___

If Yes, is it monitored on a 24 hour basis? Yes ___ No ___

Do you occupy 100% of the building? Yes ___ No ___

Building Construction (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 roof/floors)

Frame (walls, roof/floor all of combustible materials)

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 spoilage coverage required? Yes ___ No ___ If yes, maximum value of contents \$ _____

Any major equipment breakdowns or claims within last 5 years? Yes ___ No ___

If Yes please provide details:

4. Coverages and Limits Selected

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 ___ No ___ EARTHQUAKE COVERAGE? Yes ___ No ___

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 Information

Name of Prior Day Care Insurer _____

Policy Number _____ Number of Years Insured with Prior Insurer _____

Expiry date of Policy (mm/dd/yyyy)

Has any Insurance Company cancelled or declined to renew an insurance policy for this Day Care? Yes ___ No ___

If yes, please provide details of the circumstances:

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

Date of claim	Description	Amount Paid or reserved
(mm/dd/yyyy)		

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.

Date (mm/dd/yyyy) Signature of Officer _____ Title _____