



Insured Details													
Named Insured													
Mailing Address													
Risk Address													
Telephone number													
Email address													
Description of Operations													
Number of Years in Business													
Total years of experience													
<b>If new venture, a minimum of 5 years related work experience required. Copies of the Resume, Daycare Policy and Daycare Contract information must be attached with this application.</b>	Are you provincially licensed? <span style="float: right;">Yes* <input type="checkbox"/> No <input type="checkbox"/></span>												
	* If yes, # of children facility is licensed for												
Required Inception Date													
Website													
Type of Business	<div> <div>Profit <input type="checkbox"/></div> <div>Non-Profit <input type="checkbox"/></div> </div>												
<b>** Attach a copy of the procedures and protocols of the client, including but not limited to Abuse, slip and fall, employment procedures, staff training and so on.</b>	<div> <div>Abuse protocols and procedures</div> <div>Playground safety</div> </div>												
	<div> <div>Parent handbook</div> <div>Emergency management</div> </div>												
	<div> <div>Infection prevention and control</div> <div>Employment procedures and staff training</div> </div>												
	<div> <div>Serious occurrence and copy of incident report</div> </div>												
Total Number of Children													
Please specify "maximum number of children", in your care at any one point in time in the table:	<table border="1"> <thead> <tr> <th>Age group</th> <th># of Children</th> </tr> </thead> <tbody> <tr> <td>Under 1 year</td> <td></td> </tr> <tr> <td>1 – 2 years</td> <td></td> </tr> <tr> <td>2 – 3 years</td> <td></td> </tr> <tr> <td>3 – 6 years</td> <td></td> </tr> <tr> <td>6 + years</td> <td></td> </tr> </tbody> </table>	Age group	# of Children	Under 1 year		1 – 2 years		2 – 3 years		3 – 6 years		6 + years	
	Age group	# of Children											
	Under 1 year												
	1 – 2 years												
	2 – 3 years												
	3 – 6 years												
6 + years													

Employee Information	
Category	<div># of Full-Time</div> <div># of Part-Time</div>
Registered Teachers	
Early Childhood Educators (EGE)	
Early Childhood Assistants (EGA)	
Volunteers	
Other (contractors, agency etc)	
Financial Information	
Annual Revenue	\$
Annual Payroll	\$
Do any of the above employee have Professional liability insurance elsewhere?	<div>Yes</div> <div>No</div>
Do any employees administer medication?	<div>Yes*</div> <div>No</div> <div>* If yes to the above, who administers medication?</div>
Ratio of staff/caregiver to children	<div>In Classroom</div> <div>Outdoor play</div> <div>Trips/Activities off</div>
Activities and Trips	Attach complete details of all activities and trips off premises (including information on the frequency, duration (including whether there are any overnight exposures), purpose and destination, number and ages of children attending, number of staff, number of volunteers, number of parents attending, method of transportation and supervision involved).

General Liability	
Are you provincially licensed?	<div>Yes*</div> <div>No</div> <div>If yes, # of children facility is licensed for:</div>
Have you ever been shut down, suspended or had your license issued with contingencies for operation?	<div>Yes*</div> <div>No</div>
Hours of Operation	<div>If yes, please provide further information on the food provided:</div>
Is there a pool on the premises?	<div>Yes</div> <div>No</div>
Activities and Trips Non-Owned Automobile Exposure	<div>Do you hire private transportation (e.g., buses)?</div> <div>Yes</div> <div>No</div>
	<div>Do staff, volunteers or parents transport children (for any reason) in their own vehicles?</div> <div>Yes</div> <div>No</div>
	<div>If yes, do you confirm they always carry a valid driver's license and minimum insurance requirements</div> <div>Yes</div> <div>No</div>
Health and Safety Checklist	<div>Do they follow all provincial health and safety requirements?</div> <div>Yes</div> <div>No</div>
	<div>Procedures about children's allergies (such as food/medication) are clearly stated and observed</div> <div>Yes</div> <div>No</div>
	<div>Cribs/ playpens and other equipment meet current safety standards</div> <div>Yes</div> <div>No</div>
	<div>All Staff/caregivers has up to date first aid training (CPR)</div> <div>Yes</div> <div>No</div>

Abuse Liability	
Please confirm you review child abuse and neglect laws with all new employees and volunteers?	<div>Yes</div> <div>No</div>
Are reference checks obtained from prior employers?	<div>Yes</div> <div>No</div>
Are all employee checks documented in writing?	<div>Yes</div> <div>No</div>
Please confirm criminal record checks are completed for all employees at least every 3 years?	<div>Yes</div> <div>No</div>
Is this policy reviewed in detail with all employees, volunteers or any person acting on behalf of the Insured that have client contact?	<div>Yes</div> <div>No</div>
Does this policy include	<div>a. Requirements for reporting all incidents?</div> <div>Yes</div> <div>No</div>
	<div>b. A formal abuse response procedure?</div> <div>Yes</div> <div>No</div>
	<div>c. Detailed investigation procedures with regard to incidents or abuse?</div> <div>Yes</div> <div>No</div>
	<div>d. The requirement to report all incidents related to an actual or suspected abuse?</div> <div>Yes</div> <div>No</div>
	<div>e. Are all employees and volunteers trained in recognizing possible abuse?</div> <div>Yes</div> <div>No</div>
Errors and Omissions	
Do you always use a written contract with clients?	<div>Yes</div> <div>No</div> <div>Majority of the Time</div>
Does the daycare currently carry E&O Insurance?	<div>Yes*</div> <div>No</div> <div>* If yes, what is the retroactive date on the current E&amp;O policy?</div>
Has the daycare, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for an Errors and Omissions?	<div>Yes*</div> <div>No</div> <div>* If yes, please provide full details:</div>

Property				
Coverage	Deductible		Limit	
Building	\$		\$	
Contents	\$		\$	
Equipment	\$		\$	
Miscellaneous Property				
• Computer Equipment, incl. laptops	\$		\$	
• Portable Equipment	\$		\$	
• Playground Equipment	\$		\$	
Business Interruption - Profits	\$		\$	
Rental Income	\$		\$	
Equipment Breakdown	\$		\$	
Ownership type	Owner	Tenant		
Risk Location				
	Distance to hydrant			kms
	Distance to responding fire department			kms
	Year Built			
	# of Stories			
	Sq.ft			
	Building Construction Type			
	Heating			Electrical
	Gas	Electric	Oil	100 amp Breakers
	Other			Fuses
	Updates to above (include date of updates to each):			
Occupancy	1 <sup>st</sup> Floor	2 <sup>nd</sup> 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 Requested					
Commercial General Liability	\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000	
Abuse Liability Retro Date	\$250,000	\$500,000	\$1,000,000	\$2,000,000	\$5,000,000
Errors & Omissions Retro Date	\$1,000,000	\$2,000,000	\$5,000,000		
D&O Retro Date	\$1,000,000	\$2,000,000	\$5,000,000		
Legal Expense	Yes No				

Previous Insurance					
Insurer	Limit	Period	Claims Made	Occurrence	Premium
		to			
		to			
		to			

Claims History		
<p>Five year Claims History – List all claims paid or outstanding Description of loss reserve or loss amount paid by insurer deductible paid by insured:</p> <p><b>** Attach Insurer generated loss reports with this application.**</b></p>	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 separate page if needed):	
	Have you ever had insurance that's been cancelled / declined or non-renewed?	Yes* No
	* If yes, please explain (on separate page if needed):	

Declaration / Consent

It is agreed that if any such claims, facts, circumstances or situations exist, whether or not disclosed, any claim or action based upon or arising from them shall be excluded from this proposed coverage.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**  
I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.

**For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.**

**MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER.**  
(no other signature is acceptable).

Applicant's Name:	Position Held:
Applicant's Signature:	Date:
Brokerage:	Broker Name:
Broker Email:	Broker phone: