

CHILDCARE/CHILD MINDING APPLICATION

**PLEASE ANSWER ALL QUESTIONS
 IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** _____
 (And all Subsidiaries) _____

2. **Mailing address:** _____

Website Address: _____

3. How long has applicant been in business under the above name?: _____

4. Are they currently licensed by a Government Agency? YES NO

If no, please explain: _____

5. Please list the following:

AGE GROUP	NO. OF CHILDREN REGISTERED	NUMBER OF STAFF
Infants (up to 18 months)		
Toddlers (18 months – 3 years)		
Pre-School (3 – 5 years)		
Jr. School – Age (5 – 8 years)		
Sr. School – Age (9 years plus)		
TOTAL		

6. Are children segregated by age group? YES NO

If not, please explain: _____

7. Total Receipts: \$ _____ Total Payroll: \$ _____
8. No. of supervisors: _____ No. of all other Employees: _____ No. of Volunteers: _____
9. Please list employees, age group that they work with and their qualifications:

EMPLOYEE	AGE GROUP THAT THEY WORK WITH	QUALIFICATIONS (I.E., E.C.E., First-Aid Training, CPR, Etc.)

Are there any training procedures for First Aid, CPR or equivalent? YES NO

If yes, please describe _____

Are all employees covered under WSIB? YES NO

If "No", please list numbers by job description and estimated payroll. _____

10. Independent Contractors (give estimated cost of work done by independent contractors);

(a) Premises and equipment repair and maintenance \$ _____

(b) Transportation of children \$ _____

(c) Others – describe: \$ _____

Do you require all contractors or sub-contractors to provide proof of liability insurance? YES NO

If "yes" what limit? \$ _____

11. Does applicant have any agreements assuming liability? YES NO

If so, please describe and provide copies.

12. Hours and days of operation: _____

13. What is the maintenance program relative to the outdoor/indoor play equipment? _____

14. Describe facilities and special features (playground, swimming pool, pets, etc.): _____

15. Are they fully fenced or otherwise secured? Describe: _____

Are they at all times supervised by a staff member? YES NO

If "no" please explain: _____

16. Any off premises exposure planned? (i.e. field trips, local parks, pools, etc.) YES NO

If so, please explain: _____

If so, also describe mode of transportation and supervision: _____

17. What rules relative to the delivery and pick-up of children apply? Specifically when parents are delayed or are otherwise unable to pick up their child (i.e., note from parent and/or I.D. required?) _____

18. What is the policy regarding sickness or communicable disease? _____

19. What procedures are employed relative to the handling of potentially harmful items? (i.e., paints, cleaning supplies, medication kept on premises, etc.) _____

20. Is there a medical questionnaire filled out regarding any allergic or other medical condition? YES NO

(i) If so, are written instructions obtained from parents, and will medication be administered if needed as directed? YES NO

(ii) If so, will a written record be kept to show the time, the medication, and who administered it? YES NO

21. What emergency procedures are in place for dealing with a child who becomes ill or is injured at the school or on an excursion? _____

22. What are the current safety procedures in the event of a fire? _____

Do the premises meet all Fire Department requirements? YES NO

Where are the fire extinguishers kept? _____

Is there a maintenance agreement in place? YES NO

23. Does applicant presently carry insurance? YES NO
 If yes, who is present insurer? _____ Premium: _____ Limit _____
 Is present insurance Claims Made? YES NO If Yes, state retro date _____
 Are they willing to renew? YES NO
 If no, please explain: _____
 Does the policy cover all operations of the Insured? YES NO
 If no, please describe: _____

24. **Claims History:**
 Include total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO
 If yes, give details: _____

25. Non-Owned Automobile

Number of employees using their automobiles on company business: Regularly _____ Occasionally _____
 Estimated annual cost of hired automobiles: \$ _____
 Estimated annual cost of automobiles operated under contract: \$ _____
 (Please provide details): _____

22. Please indicate limit(s) of liability required: _____

PLEASE PROVIDE THE FOLLOWING WITH THE APPLICATION:

- **COPY OF CONTRACT AND/OR REGISTRATION FORM SIGNED BY PARENTS OR GUARDIAN**
- **COPY OF THE MEDICAL REGISTRATION FORM**
- **COPY OF WAIVER CURRENTLY IN USE**

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This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

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.

DATED: _____ APPLICANT'S SIGNATURE: _____

BROKER NAME:	_____
ADDRESS:	_____ _____ _____
PHONE NO.:	_____
FAX NO.:	_____

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