

Community Services Business Unit Day Care Operations Supplemental Form

Please note: This supplemental form must be completed in addition to the General Application

General Information

Legal Name of Applicant _____	Key Broker Contact _____
Mailing Address _____	Brokerage Name _____
Postal Code _____	Brokerage Address _____
Email _____	Postal Code _____
Website _____	Phone and Email _____

Licensing Information

Is the Applicant licensed within the Province of Operation? (Please submit a copy of the Ministry License) YES NO

Child Information

Number of Full Time Children _____

Number of Part Time Children/Students _____

Maximum Capacity of Day Care License _____

Indicate the number of Children in a Before/After School Program? _____

Employee Information

Category	# of Full-Time	# of Part-Time
Registered Teachers		
Early Childhood Educators (ECE)		
Early Childhood Assistants (ECA)		
Nurses		
Others (include Volunteers)	# of Full-Time	# of Part-Time

Do any of the above have Professional liability insurance elsewhere? YES NO

Advise as to who administers medications _____

Please submit a copy of the waivers parents sign with respect to food allergies and medication for review.

Ratio of staff/caregiver to children:

_____ In Classrooms _____ Outdoor play _____ Trips/Activities off premises

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).

If more than one activity or trip (off premises) we must have all of the above information for each activity and/or trip

Activities and Trips Non-Owned Automobile Exposure

Do you hire private transportation (e.g., buses)?	YES	_____	NO	_____
Do staff, volunteers or parents transport children (for any reason) in their own vehicles?	YES	_____	NO	_____
If yes, do you confirm they always carry a valid driver's license and minimum insurance requirements?	YES	_____	NO	_____

Health and Safety Checklist

Indicate all that apply where there is a 'yes' only option

Do they follow all provincial health and safety requirements	YES	<input type="checkbox"/>
Procedures about children's allergies (such as food/medication) are clearly stated and observed	YES	<input type="checkbox"/>
Cribs/ playpens and other equipment meet current safety standards	YES	<input type="checkbox"/>
All Staff/caregivers has up to date first aid training (CPR)	YES	<input type="checkbox"/>

Applicant Acknowledgement

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 application 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, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name	_____	Title/Position	_____
Applicant Signature	_____	Date	_____
Broker Name	_____		
Broker Signature	_____		