



SECA Day Care Centre Insurance Application

1. NAME OF DAY CARE: _____

2. PRINCIPALS: _____

3. MAILING ADDRESS: _____ POSTAL CODE: _____

4. STREET ADDRESS: _____

5. BUILDING CONSTRUCTION: WALLS _____ ROOF _____ STORIES _____

6. DO YOU OWN YOUR OWN BUILDING: YES _____ NO _____ (IF YES, CONTACT THE SECA OFFICE)

7. OCCUPANCIES OTHER THAN DAY CARE (LIST): _____

8. IF DAY CARE IN BASEMENT, LIST NO. OF EXITS: _____

9. DO YOU REQUIRE DIRECTORS & OFFICERS LIABILITY? YES _____ NO _____

9. NUMBER OF SMOKE DETECTORS: FIRE EXTINGUISHERS: _____

10. MINISTRY OF EDUCATION LICENSE NUMBER: _____

***It is a condition of this insurance that you be a licensed child care association.**

11. MAXIMUM NUMBER OF CHILDREN LICENSED FOR: _____ AVERAGE NUMBER PER DAY: _____

12. HOURS OF OPERATION PER DAY: DAYS PER WEEK: _____

13. NUMBER OF SUPERVISORS: _____

14. YEARS EXPERIENCE FOR EACH: _____

15. SPECIAL CARE CHILDREN: (DESCRIBE): _____

16. IS THERE A SWIMMING POOL (DESCRIBE)? _____

If yes please note that the acceptable depth is 2 feet. Is the pool 2ft or less? Yes No

17. PLAYGROUND (DESCRIBE): _____

18. FIELD TRIPS (DESCRIBE): _____

19. DOES DAY CARE OR PARENT DELIVER & PICK-UP CHILD? _____

If yes please provide the package policy number for the vehicle used _____

20. NUMBER OF YEARS IN OPERATION: _____

21. PERVIOUS INSURER: _____

22. HAS ANY INSURER EVER CANCELLED, DECLINED OR REFUSED TO RENEW INSURANCE FOR YOU

Excluding Auto: Yes NO. IF "YES" STATE: DATE: _____ INSURER: _____

REASON: _____

23. HAVE YOU HAD ANY LOSSES WITHIN THE LAST 3 YEARS (EXCLUDING AUTO): YES _____ NO _____

(IF YES, DESCRIBE) _____

DATE: _____ SIGNATURE OF APPLICANT: _____

RETURN TO:

SASKATCHEWAN EARLY CHILDHOOD ASSOCIATION

#5 – 3041 SHERMAN DRIVE PRINCE ALBERT, SK S6V 7B7

PHONE: 306-765-0875 FAX: 306-765-0877

CERTIFICATE # _____ (FOR COMPLETION BY SECA)