

Name of Day home: _____

Contact Person: _____

Premises Address: _____

Has any Insurer ever cancelled, declined or refused to renew insurance for you?: Yes No
 Have you had any losses within the last 3 years (excluding Auto?) If yes, details required: Yes No
 Have you spoken to your house insurance to see if you are able to run a business in your home? Yes No
 In order to have insurance you must be licensed by the Ministry. Please provide your license number _____

Property

Building Construction: _____ Roof Construction: _____
 Heating Type: _____ Number of Stories: _____
 Is there a swimming pool? Yes No Is there playground equipment?: Yes No
 If yes please note that the acceptable depth is 2 feet. Is the pool 2ft or less? Yes No

Liability

Maximum number of children licensed for: _____ Average per day: _____
 Number of Supervisors: _____ Years experience for each supervisor: _____
 Number of years in operation: _____ Are there field trips (details): Yes No
 Do any of the children have special needs? Yes No
 Is any medicated administered (details)? Yes No
 Does staff or volunteers transport children in their personal vehicles?: Yes No
 If yes please provide the package policy number for your vehicle used _____

Abuse/Harassment

Does your business/organization have a formal sexual abuse/harassment prevention plan in place? Yes No
 Is this formal prevention plan shared with all employees/volunteers? Yes No
 Does your formal prevention plan contain a statement of policy confirming your business'/organization's commitment to providing:
 A safe environment by preventing harm to those in your care? Yes No
 Zero tolerance for sexual abuse, harassment, molestation, corporal punishment or neglect? Yes No
 Does your formal prevention plan include an "open door policy" and/or a "two adult rule" when dealing with children? Yes No
 Does your business/organization's screening procedure for all employees/volunteers include the following?
 Signed employee/volunteer application Yes No
 Criminal record check Yes No
 Background reference check Yes No
 Personal interviews Yes No
 Does your formal prevention plan include guidelines for responding to incidents of alleged abuse or harassment, including
 Completion of a written incident report Yes No
 Fulfilling statutory reporting obligations to child protective agencies or police authorities Yes No
 Assuring serious and compassionate responses to allegations without admitting legal liability or making public statements without the aid of legal counsel Yes No
 Maintaining confidentiality for alleged victim and perpetrator Yes No
 Immediately suspending alleged perpetrator pending outcome of the investigation Yes No
 Requiring consultation with a lawyer and reporting the incident to the insurance company Yes No

Available Options (Please indicate chosen option)

<input type="checkbox"/> Option 1:	Extended Home	12 Children : 2 Supervising Adults	\$260
<input type="checkbox"/> Option 2:	Regular Home	8 Children : 1 Supervising Adult	\$155

The Undersigned declares that all statements made in the questionnaire and the information contained in the documents submitted with it are true. Signing of this document does not bind the applicant to complete the insurance but it is agreed that the questionnaire shall be the basis of the contract, should a policy be issued.

Applicant's Signature _____ Date _____