



CHILDCARE/CHILD MINDING APPLICATION

PLEASE ANSWER ALL QUESTIONS

IF THEY DO NOT APPLY, INDICATE "N/A" - IF SPACE IS INSUFFICIENT PLEASE USE SEPARATE SHEETS

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:

Job Description	Payroll
_____	_____
_____	_____
_____	_____

Total payroll: _____ No. of Employees: _____

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 the 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 cars on company business: Regularly _____ Occasionally _____

Estimated annual cost of:

hired cars _____ cars operated under contract _____

(Please provide details):

26. 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**

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.

Signature of Applicant (authorized representative)

Date

SUBMITTED BY: _____

EMAIL: _____

**For contact information visit:
www.markelinternational.ca**