

DAY CARE CENTRES QUESTIONNAIRE
 New Business Renewal

Insured			Policy Number
Location Postal Code: _____		Date Established	Municipal Permit No. Provincial Permit No.
1. Is centre licensed under The Day Nurseries Act? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Number of children at any one time: _____ Age group: _____			
3. What is the average number of children per employee:			
- 0 to 2 years old: _____			
- 2 to 5 years old: _____			
- kindergarten age: _____			
- school age: _____			
4. Hours of operation: From: _____ To: _____ No. of days open: _____			
5. Gross Annual Receipts: _____			
		Yes	No
6. a) Transportation morning and evening		<input type="checkbox"/>	<input type="checkbox"/>
b) Meals on premises		<input type="checkbox"/>	<input type="checkbox"/>
c) Cooking on premises		<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", describe fire protection: _____			
d) Dietician		<input type="checkbox"/>	<input type="checkbox"/>
e) Does a nurse visit the centre		<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", describe her duties: _____			
		Yes	No
7. Outside area			
a) Playground		<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", describe area and attach diagram and describe equipment including its age and maintenance program:			

b) Fence and locked gate		<input type="checkbox"/>	<input type="checkbox"/>
c) Swimming pool		<input type="checkbox"/>	<input type="checkbox"/>
d) Activities off premises		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe activities: _____			

e) Transportation for activities off premises		<input type="checkbox"/>	<input type="checkbox"/>
If "Yes", describe: _____			

8. How many volunteers are used on a regular basis? _____			

9. Employee qualifications (years of experience, training designation):

- | 10. Building: | Yes | No |
|-------------------------------------|--------------------------|--------------------------|
| a) Evacuation plan | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Fire Drills | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Smoke Detector | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Handrails on stairways and ramps | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Covered electrical outlets | <input type="checkbox"/> | <input type="checkbox"/> |

11. Location of nursery in context of building (e.g. basement egress in case of fire): _____

12. Are toys segregated by age group? (e.g. are certain toys kept out of reach of children under 2 years old) Yes No

13. What is your policy regarding sickness or communicable diseases? _____

14. If a child has any allergies or other medical problems, does the day care centre obtain written instructions from parents?
 Yes No If "Yes", does the centre keep a written record of medication, time administered and by whom ?
 Yes No _____

15. What is your procedure regarding the handling of potentially harmful items? (e.g. paints, cleaning materials, medication, etc.)

16. a) Do employees receive first aid training? Yes No
b) Are emergency phone numbers (e.g. ambulance, poison control) posted beside the telephone? Yes No
c) Are written reports kept of all incidents involving children? Yes No If "Yes", attach a copy of your standard report form.

17. What are the rules relative to delivery and pick-up of children, especially when the parents are delayed or otherwise unable to pick up the child?

18. Describe all claims, including outstanding, and fees for the last five years including any accidents, facts, circumstances or allegations which may give rise to a claim:

19. Who is the current insurer? _____ Policy No.: _____

20. Has any similar insurance applied for or carried by the Applicant been declined or cancelled by any insurer within the last three years? Yes No If "Yes", provide details. _____

PLEASE PROVIDE A COPY OF CONTRACT AND/OR REGISTRATION FORM SIGNED BY PARENTS OR GUARDIAN.

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE IN THE QUESTIONNAIRE AND THE INFORMATION CONTAINED IN 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.

Date

Signature of Applicant