



**CENTRE LIABILITY INSURANCE 2017-2018 COVERAGE**

**MUST** be returned to ECDA on or before October 31 or late fee will apply\*\*please make cheque or money order payable to ECDA, P.O. Box 223, Charlottetown, PE, C1A 7K4

**\* Please Note: You must be a licensed centre and the Director must be a Member of the ECDA. If you have a parent board, please send along their names and contact information with your insurance along with a copy of your centre license\***

**CENTRE NAME & ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Centre License Number \_\_\_\_\_

Insuring multiple centres? YES  NO  Individual forms WILL BE required for EACH centre and only one admin fee applies. Please choose the proper amount in the “Administration Fee” section that applies.

NOTE: Additional refers to 1 owner insuring more than 1 centre

1. Centre Name: \_\_\_\_\_ Centre License Number \_\_\_\_\_
2. Centre Name: \_\_\_\_\_ Centre License Number \_\_\_\_\_
3. Centre Name: \_\_\_\_\_ Centre License Number \_\_\_\_\_

Payment Plan? YES  NO  **1<sup>st</sup> Payment is due by October 31/15 and must include an admin fee of \$100.**  
 Post dated cheques for the additional dates must also be included, dates are: Jan. 1 2016, April 1 2016 and July 1 2016

<u>Coverages</u>	Annual Premium	Apply Yes/No
<b>***Any additions or changes to optional coverages will be effective January 6, 2016</b>		
<b>Minimum Mandatory Coverage:</b>		
<b>Liability \$2million:</b> Up to 30 Children <b>over 30 children \$5.00 per child</b> _____ × \$5.00	\$300 \$150/additional centre \$	Mandatory
<b>Note: If your centre has more than 30 children, the centre must insure for the same number of children as is stated on your license.</b>		
<b>Increased Liability Additional Premium:</b> \$3million (\$100 / year) (\$50/additional centre) \$4million (\$175 / year)(\$90/additional centre) \$5million (\$250 / year)(\$125/additional centre)	\$	YES or NO
<b>Non-Owned Auto</b> \$2 million limit	<b>Included</b>	<b>Included</b>
<b>Tenants Legal Liability:</b> \$1million limit	<b>Included</b>	<b>Included</b>

<b>OPTIONAL COVERAGES:</b>		
<b>Daycare Facility Accident:</b> \$15 flat fee per year	\$	YES or NO
<b>Crime Coverage:</b> \$10/centre	\$	YES or NO
<b>***Wrongful Dismissal of Employee:</b> \$25 per location	\$	YES or NO
<b>Sewer Back-up:</b> <u>Contents only:</u> \$50 per location	\$	YES or NO
<b>Content Insurance:</b> (Business Interruption & Pandemic Outbreak Business Interruption Extension included) \$5,000 replacement (\$85 / year) \$10,000 replacement (\$100 / year) \$15,000 replacement (\$115 / year) \$20,000 replacement (\$130 / year) \$25,000 replacement (\$145 / year) \$30,000 replacement (\$160/ year) \$40,000 replacement (\$190 / year) \$50,000 replacement (\$220 / year) \$60,000 replacement (\$250 / year) \$60,000 + contact The Co-operators (902)894-5500	\$	YES or NO
<b>Earthquake:</b> \$25 per location	\$	YES or NO
<b>Flood:</b> \$25 per location	\$	YES or NO
<b>Building Insurance:</b> <b>Contact The Co-operators for a quote (902)894-5500</b> <b>Available Building Coverages Include:</b> (Building By-laws: 10% of Building limit included with building insurance) <ul style="list-style-type: none"> <li>• Boiler &amp; Equipment Breakdown</li> <li>• Sewer Back-up</li> </ul>	\$	Yes or No
<b>Optional Coverages</b>		
<b>*** If Applying For The First Time, Requires Additional Information and Prior Approval Before Paying***</b>		
<b>Abuse, Harassment Liability:</b> <b>NOTE: the centre must insure for the same number of children as is stated on your license. ____@\$7 per child</b>  Note: Abuse Questionnaires must be submitted and approved prior to payment being made. Obtain Abuse Questionnaire from office or website: <a href="http://www.cooperators.ca/Debbie-Phillips-Assoc">http://www.cooperators.ca/Debbie-Phillips-Assoc</a>	\$	YES or NO
<b>Not-for-Profit Directors and Officers Liability:</b> \$1million Liability = ____@\$30 per director \$2 million Liability = ____@\$50 per director	\$	YES or NO
<b>For-Profit Directors and Officers Liability:</b> \$1 million Liability = ____@\$50 per director \$2million Liability = ____@ \$75 per director Note: D & O Questionnaire needs to be submitted and approved prior to payment. Please note additional information will be required.	\$	YES or NO
<b>Sub Total</b> continue on to next page	\$	

<b>Administration Fee: 1 Centre only</b>	<b>\$100</b>	
<b>2 or more centres</b>	<b>\$180</b>	
<i>*Circle the fee that applies*</i>		
<b>Payment Plan Fee (if using payment Plan)</b>	<b>\$100</b>	<b>Yes / No</b>
<b>CCCF Membership:(OPTIONAL)</b>	<b>\$25</b>	<b>Yes / No</b>
<b>Late Fee: (Applies After October 31st)</b>	<b>\$20</b>	<b>Yes / No</b>
<b>TOTAL COST</b>	<b>\$</b>	