

DAYCARE QUESTIONNAIRE

Po	licy/Quote # / / Date: dd-mm-yyyy
COMMERCIAL GENERAL LIABILITY	
1.	Indicate the type of daycare operations:
	☐ Daycare ☐ After School Program ☐ Nursery
2.	Is the Applicant:
3.	Is the daycare licensed by a government agency? \square Yes \square No Expiry date of license: / /
	Indicate the number of children the daycare is licensed to care for Indicate the ratio of children to staff
5.	Indicate the number of certified ECE teachers
	Does the daycare have any of the following recreational equipment on their premises?: a) Swimming pool
	If the daycare is equipped with a kitchen, please advise if any deep fat frying food is served?
8.	Do staff or volunteers transport children in their personal vehicles? Yes No
9.	Has the facility been cited for health, safety or building code violations in the past three years? Yes No If yes, please provide details.
DIRECTORS & OFFICERS LIABILITY – NON PROFIT FACILITY ONLY Note: If the daycare is for profit daycare, please refer to The Co-operators Special Risk Department or Federated Agency.	
1.	Number of Directors Number of Officers
2.	Has any Director or Officer been the object of a claim, given notice of a claim or aware of any facts or circumstances which may lead to a possible claim?
3.	Does the daycare bylaws provide hold harmless to its Directors and/or Officers? ☐ Yes ☐ No
	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.
	Name and Title of Authorized Representative Signature of Authorized Representative (please print)