**Community Services Business Unit**

**Day Care Operations Supplemental Form**

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| **Please note: This supplemental form must be completed in addition to the General Application** | | | |
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| **General Information** | | | |
| Legal Name of Applicant |  | Key Broker Contact |  |
| Mailing Address |  | Brokerage Name |  |
| Postal Code |  | Brokerage Address |  |
| Email |  | Postal Code |  |
| Website |  | Phone and Email |  |

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| **Licensing Information** | | | | | | | | | | | | | | | | | | | |
| Is the Applicant licensed within the Province of Operation? (Please submit a copy of the Ministry License) | | | | | | | | | | | | | | | YES |  | | NO |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Child Information** | | | | | | | | | | | | | | | | | | | |
| Number of Full Time Children | | | | | |  | | | | | | | | | | | | | |
| Number of Part Time Children/Students | | | | | | |  | | | | | | | | | | | | |
| Maximum Capacity of Day Care License | | | | | | | | | |  | | | | | | | | | |
| Indicate the number of Children in a Before/After School Program? | | | | | | | | | | |  | | | | | | | | |
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| **Employee Information** | | | | | | | | | | | | | | | | | | | |
| **Category** | | | | **# of Full-Time** | | | | | | **# of Part-Time** | | | | | | | | | |
| Registered Teachers | | | |  | | | | | |  | | | | | | | | | |
| Early Childhood Educators (ECE) | | | |  | | | | | |  | | | | | | | | | |
| Early Childhood Assistants (ECA) | | | |  | | | | | |  | | | | | | | | | |
| Nurses | | | |  | | | | | |  | | | | | | | | | |
| **Others (include Volunteers)** | | | | **# of Full-Time** | | | | | | **# of Part-Time** | | | | | | | | | |
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| Do any of the above have Professional liability insurance elsewhere? | | | | | | | | | | | | | | YES | |  | NO | |  |
| Advise as to who administers medications | | | | | | | | |  | | | | | | | | | | |
| **Please submit a copy of the waivers parents sign with respect to food allergies and medication for review.** | | | | | | | | | | | | | | | | | | | |
| Ratio of staff/caregiver to children: | | |  | | | | | | | | | | | | | | | | |
|  |  | In Classrooms | | |  | | | Outdoor play | | | |  | Trips/Activities off premises | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Activities and Trips** | | | | | | | | | | | | | | | | | | | |
| Attach complete details of all **activities** and **trips** off premises (including information on the frequency, duration (including whether there are any overnight exposures), purpose and destination, number and ages of children attending, number of staff, number of volunteers, number of parents attending, method of transportation and supervision involved). | | | | | | | | | | | | | | | | | | | |

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| **If more than one activity or trip (off premises) we must have all of the above information for each activity and/or trip** |

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| **Activities and Trips Non-Owned Automobile Exposure** | | | | |
| Do you hire private transportation (e.g., buses)? | YES |  | NO |  |
| Do staff, volunteers or parents transport children (for any reason) in their own vehicles? | YES |  | NO |  |
| If yes, do you confirm they always carry a valid driver's license and minimum insurance requirements? | YES |  | NO |  |
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| **Health and Safety Checklist** | | | | |

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| **Indicate all that apply where there is a 'yes' only option** | | |
| Do they follow all provincial health and safety requirements | YES |  |
| Procedures about children’s allergies (such as food/medication) are clearly stated and observed | YES |  |
| Cribs/ playpens and other equipment meet current safety standards | YES |  |
| All Staff/caregivers has up to date first aid training (CPR) | YES |  |

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| **Applicant Acknowledgement** | | | |
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| The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein | | | |
| are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but it is agreed that this | | | |
| form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy. | | | |
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| The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this | | | |
| application (including but not limited to the information contained in this form) has been collected in accordance with applicable | | | |
| privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance | | | |
| products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent | | | |
| fraud, analyze and audit business results and/or comply with regulatory or legal requirements. | | | |
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| **Applicant Name** |  | **Title/Position** |  |
| **Applicant Signature** |  | **Date** |  |
| **Broker Name** |  |  | |
| **Broker Signature** |  |  | |