



Thank you for considering Coastal Community Insurance for your insurance needs. We have developed an insurance program specifically designed for members of PacificCARE and Family Enrichment Society dba as PacificCARE and we have enclosed the policy application.

If you are not a member of PacificCARE please contact PacificCARE at 1-888-480-2273 or visit www.pacific-care.bc.ca if you have any questions regarding the membership requirements.

Please note the following process for the Daycare Insurance application:

1. Once your membership application has been accepted PacificCARE will provide you with a membership number. This number must be included on your insurance application in order for your policy to be issued.

2. Complete your insurance application in full, indicating your desired coverage limits.

* Note for “ Contents of Every Description” limits - when occupying a Commercial Space the limit must include any tenant improvements made or per your lease agreement.

3. Return completed application to Coastal Community Insurance via email to childcareinsurance@cccu.ca or by fax to 250-748-3652

4. Full payment is required at the time of purchase and the effective date of your policy will be the date the payment was received.

6. Please note all insurance policies under this insurance program expire annually on October 1st. When returning your insurance application, please check to make sure you have included the following:

- Fully completed insurance application, including PacificCARE membership number
- A copy of your current daycare license (unless you are a License Not Required provider)
- Signed Privacy Consent Form
- Any further information that may have been requested on the application

Please note that incomplete applications will not be processed and will be returned to the child care provider for completion.

For application assistance please contact COASTAL COMMUNITY INSURANCE SERVICES (2007) LTD at

1-877-705-4232 or

childcareinsurance@cccu.ca



DAYCARE INSURANCE APPLICATION – PLEASE COMPLETE APPLICATION IN FULL

| | | | |
|---|--|---|--------------|
| PacificCARE Member Number: | | <input type="checkbox"/> New Application <input type="checkbox"/> Change to Policy Policy # _____ | |
| CHILD CARE PROVIDER INFORMATION | | | |
| Business Name: (Please provide full legal entity) If business is incorporated, please advise if there are any business operations other than Child Care under this company name. Is there any specialized or special needs child care offered or advertised? If yes describe: _____ | | | |
| Last Name: | | First Name: | |
| Address (Mailing): | | City: | Province: BC |
| Phone: () | | E-mail address: | |
| Fax: () | | Website Address: | |
| INSURANCE INFORMATION | | | |
| Location Address: | | | |
| City: | | Province: BC | Postal Code: |
| Is your facility licensed? | | License Number: | |
| A COPY OF YOUR LICENSE MUST ACCOMPANY THIS APPLICATION | | | |
| Type of service as stated on your license: LNR <input type="checkbox"/> RLNR <input type="checkbox"/> FCC/Multi Age <input type="checkbox"/> Group <input type="checkbox"/> OOSC <input type="checkbox"/> | | | |
| Maximum Number of children (as shown on your license): | | | |
| Have you or has the facility (including previous operations) ever, at anytime, had an operation/facility suspended or shut down? | | | |
| Have you or has this facility ever been refused, cancelled, or declined insurance? | | | |
| Have you had any insurance claims or losses in the past five years? If yes, please provide date, occurrence and amount of insurance paid out: | | | |
| Do you currently have insurance for your Daycare operation in place? Please provide Insurance Company Name, Policy Number, and Expiry Date: | | | |
| <i>If the answer to the above question is YES you must enclose a detailed account of the incident</i> | | | |
| Date daycare inspection by health authority: | | Number of years in operation: | |
| Is the daycare located in a home, school or commercial building? | | | |
| Please list the full names of all caregivers and their credentials: | | | |
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |
| Is your yard fenced? | | If no, please explain and attach a copy of your outdoor policy. | |

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762 Fort Street, Victoria, BC, V8W 1H2

Fax: (250) 385-8833



Are outings or fieldtrips conducted away from the premises?
If yes, describe the activities included in the outings or fieldtrips and mode of transportation:

Do you have playground equipment (if yes, please describe the equipment)?

How is the playground equipment maintained?

Are children ever sent home unaccompanied by an adult? If yes, please describe

Construction Details: * required only when purchasing "contents of every description"
 Building Construction (i.e. Wood Frame, Concrete):
 Year Built:
 Age of roof & roofing material:
 Is your building located within 1000ft(300m) of a Fire Hydrant:
 Is your building located within 8km of a Firehall?
 Is building up to code if over 25 years of age:
 Square Footage: Main Source of Heat: No. of Stories:

Security Details:
 Does your building have an alarm system? Is it monitored?
 Does your building have working smoke alarms? Do you test your smoke alarms annually?
 Does your building have an automatic sprinkler system?
 Who is responsible for snow removal from your premises?

Provide Name and Address of Landlord if required to be listed as an Additional Insured on the Insurance Certificate:

| INSURANCE LIMITS | |
|---|--|
| <p>Type of facility:</p> RLNR <input type="checkbox"/> LNR <input type="checkbox"/> FCC/ In Home Multi Age 3-8 spaces: <input type="checkbox"/> Group Facility 8-10 spaces: <input type="checkbox"/> Group Facility 11-16 spaces: <input type="checkbox"/> Group Facility 17-24 spaces: <input type="checkbox"/> Group Facility 25-49 spaces: <input type="checkbox"/> Group Facility 50-99 spaces: <input type="checkbox"/> Group Facility 100 plus spaces: <input type="checkbox"/> <input type="checkbox"/> Business Interruption Coverage * applicable only when "contents of every description" is purchased Gross Annual Receipts: <input type="checkbox"/> Up to \$100,000 <input type="checkbox"/> Between \$100,000 - \$250,000 <input type="checkbox"/> Over \$250,000 indicate limit below \$ _____ | <p>Contents of Every Description Limit:</p> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Over \$100,000 indicate limit: _____ <div style="background-color: #90EE90; padding: 5px; font-size: small;"> *If your daycare is in a Commercial Space this limit must also include any tenant improvements and betterments made to the space. ** Please enquire if clarification is required </div> <p>Commercial General Liability Limit:</p> \$ 2,000,000 <input type="checkbox"/> Deductible: \$ \$1,000.00 \$ 3,000,000 <input type="checkbox"/> \$ 4,000,000 <input type="checkbox"/> \$ 5,000,000 <input type="checkbox"/> DESIRED EFFECTIVE DATE OF COVERAGE _____ |

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Disclosure: Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any part of this application required to be stated therein: or (b) the insured contravenes a term of the contract or commits fraud; or (c) the insured wilfully makes a false statement in respect to claim information, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicant has reviewed all parts and attachments of this application and acknowledges that all information is true and correct and understands that this application for insurance is based on the truth and completeness of the information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history.

I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting fraud and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

SIGNATURE OF APPLICANT:

DATE:

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**CONSENT FOR THE COLLECTION, USE AND
DISCLOSURE OF PERSONAL INFORMATION**

I hereby consent and agree to Coastal Community Insurance Services (2007) Ltd. (hereafter called "CCIS") collecting my personal information, and using that information for the following purposes:

- To determine my eligibility for insurance and other CCIS products and services, and to secure and administer those products that I request
- To provide me with statements of account
- To ensure accuracy of the information provided
- To detect and prevent fraud
- To meet legal and regulatory requirements
- To provide me with information about products and services available through the Coastal Community group of companies
- To conduct surveys to improve products and services

In order to accomplish these purposes, I consent to CCIS disclosing my personal information to:

- Insurance companies and other suppliers of products and services that I request, including underwriters and claims adjusters
- Lawyers, notaries, appraisers, accountants and other professionals in connection with processing and administering CCIS products and services that I request
- Credit reporting agencies and other financial institutions to update my credit information if required
- Collections agencies when collecting a debt owed to CCIS
- Other organizations in connection with a merger, business combination or a sale of some or all of CCIS' assets or shares
- CCIS' affiliated companies
- Market research companies that subscribe to CCIS' privacy policy for conducting surveys

I understand that the personal information I provide to CCIS may be provided to insurance carriers, service providers and their respective subcontractors. In working with business partners and service providers, my personal information may be transferred to a foreign jurisdiction to be processed or stored. Such information may be provided to law enforcement or national security authorities of that jurisdiction upon request in order to comply with foreign laws.

I understand that I may opt out of the use of my personal information for marketing purposes at any time by completing an Opt-out request form. CCIS will continue to send me account statements, including statement inserts and information required by law.

Name

Signature

Date

Name

Signature

Date