

Daycare Program Application

PacificCARE Member Number:		<input type="checkbox"/> New Application <input type="checkbox"/> Change Policy # _____	
CHILDCARE PROVIDER INFORMATION			
Business Name: (Please provide full legal entity)			
If business is incorporated, are there other business operations under this company name?			
Any specialized or special needs childcare offered or advertised? If yes, describe: _____			
Last Name:		First Name:	
Mailing Address		City:	Province: BC
Phone: ()		E-mail address:	
Fax: ()		Website Address:	
INSURANCE INFORMATION			
Location Address:			
City:		Province: BC	Postal Code:
Is your facility licensed? Yes <input type="checkbox"/> , No <input type="checkbox"/>		License Number:	
A COPY OF YOUR LICENSE MUST ACCOMPANY THIS APPLICATION			
Type of service as stated on your license: 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 any time, had an operation/facility suspended or shut down? No <input type="checkbox"/> , Yes <input type="checkbox"/> explain _____			
Have you or has this facility ever been refused, cancelled, or declined insurance? Yes <input type="checkbox"/> , No <input type="checkbox"/>			
Have you had any insurance claims or losses in the past five years? Yes <input type="checkbox"/> , No <input type="checkbox"/> If yes, please provide a date, occurrence and amount of insurance paid out:			
Date daycare inspection by health authority:		Number of years in operation:	
Do you currently have insurance for your Daycare operation in place? Yes <input type="checkbox"/> , No <input type="checkbox"/> If yes, provide Insurance Company Name, Policy Number, and Expiry Date:			
Is the daycare located in a: Home <input type="checkbox"/> Commercial Building <input type="checkbox"/> School <input type="checkbox"/> Other <input type="checkbox"/> explain _____			
*If located in a Home – do you carry homeowners, tenant or condo insurance? Yes <input type="checkbox"/> , No <input type="checkbox"/>			
Provide Name and Address of Landlord if required to be listed as an Additional Insured on the Insurance Certificate:			

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Is your yard fenced? Yes <input type="checkbox"/> , No <input type="checkbox"/> If not, please explain and attach a copy of your outdoor policy.	
Are outings or field trips conducted away from the premises? Yes <input type="checkbox"/> , No <input type="checkbox"/> If yes, describe the activities included in the outings or field trips and mode of transportation:	
Do you have playground equipment? Yes <input type="checkbox"/> , No <input type="checkbox"/> If yes, please describe the equipment: How is the playground equipment maintained?	
Are children ever sent home unaccompanied by an adult? Yes <input type="checkbox"/> , No <input type="checkbox"/> If yes, please describe:	
Construction Details	
Building Construction Type: Wood Frame <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> , explain _____ Year Built: _____ If over 25 years of age: Is building up to code, including an updated roof, heating, plumbing and electrical? If no explain: _____	
Age of Roof: _____ Age of Primary Heat: _____ Age of Plumbing: _____ Age of Electrical: _____ Square Footage: _____	Type of Roofing Material: _____ Main Source of Heat: _____ Type of Plumbing: Copper <input type="checkbox"/> , PVC <input type="checkbox"/> , Mix Copper/PVC <input type="checkbox"/> , Galvanized <input type="checkbox"/> Poly B <input type="checkbox"/> , other <input type="checkbox"/> , explain _____ Type of Electrical: 100 amp <input type="checkbox"/> , 200 amp <input type="checkbox"/> , Other <input type="checkbox"/> , explain _____ No. of Stories: _____
Is your building located within 1000ft(300m) of a Fire Hydrant: Yes <input type="checkbox"/> , No <input type="checkbox"/> how far away _____ Is your building located within 8km of a Firehall? Yes <input type="checkbox"/> , No <input type="checkbox"/> how far away _____	
Security Details: Does your building have an alarm system? Yes <input type="checkbox"/> , No <input type="checkbox"/> Is it monitored? Yes <input type="checkbox"/> , No <input type="checkbox"/> Does your building have working smoke alarms? Yes <input type="checkbox"/> , No <input type="checkbox"/> Do you test your smoke alarms annually? Yes <input type="checkbox"/> , No <input type="checkbox"/> Does your building have an automatic sprinkler system? Yes <input type="checkbox"/> , No <input type="checkbox"/> Who is responsible for snow removal from your premises? _____	
Please list the full names of all caregivers and their credentials: 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
INSURANCE COVERAGE	

1-877-705-4232

childcareinsurance@cccu.ca

Fax: 250-748-3652

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Indicate Below by checking the applicable boxes the Coverage Option and Limits required or check off
***Coverage not required - if applicable**

Contents of Every Description Limit:

** If daycare operated from a Commercial Space or School Include any tenant improvements and betterments made to the space.

\$25,000 ☐ \$50,000 ☐
\$75,000 ☐ \$100,000 ☐
Over \$100,000 indicate limit: _____

Coverage Not Required: ☐

☐ **Business Interruption Coverage** * Available only when "contents of every description" is selected above

Select the applicable box below indicating your Estimated Annual Gross Revenue:

☐ Up to \$100,000
☐ Between \$100,000 - \$250,000
☐ Over \$250,000 indicate limit below \$ _____
☐ **Coverage Not Required**

Commercial General Liability Limit:

\$ 2,000,000 ☐
\$ 3,000,000 ☐
\$ 4,000,000 ☐
\$ 5,000,000 ☐

DESIRED EFFECTIVE DATE OF COVERAGE: _____

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 willfully 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 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: _____