



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 applications. If you are not a member of PacificCARE please contact PacificCARE at 1-888-480-2273 if you have any questions regarding the membership requirements.

Please note the following process for the insurance application:

1. Complete required PacificCARE application forms and forward to PacificCARE with payment of the membership fee (s).
2. 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.
3. Complete your insurance application in full and return to Coastal Community Insurance
4. Full payment is required at the time of application. Please complete the credit card information if you are submitting your application by fax or e-mail **OR** return the application to Coastal Community Insurance by mail with a cheque.
5. When your application is accepted your payment will be processed and your insurance certificate will follow in approximately three weeks.
6. The effective date of your policy will be the date indicated on your policy application but will not be earlier than the date the application was received at Coastal community Insurance.
7. Please note that child care insurance certificates 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 questionnaire, including PacificCARE member number
- ✓ A copy of your current daycare license (unless you are a License Not Required provider)
- ✓ Payment in full
- ✓ 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

childcareinsurance@cccu.ca



DAYCARE INSURANCE APPLICATION

PacificCARE Member Number:	<input type="checkbox"/> New Application <input type="checkbox"/> Change to Certificate Certificate # _____
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Effective Date of Coverage:

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?

Last Name:	First Name:		
Address (Mailing):	City:	Province: BC	Postal Code:
Phone: ()	E-mail address:		
Fax: ()	Website Address:		
Type of Facility: LNR <input type="checkbox"/> FCC <input type="checkbox"/> Group <input type="checkbox"/>			

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 FCC Group OOSC

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:

If the answer to the above question is YES you must enclose a detailed account of the incident

Date of last daycare inspection:	Number of years in operation:
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Is the daycare located in a home, school or commercial building?

Please list the 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.

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

How is the playground equipment maintained?

Are outings conducted away from the premises? If yes, describe outings and mode of transportation:

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

Construction Details: Building Construction (i.e. Wood Frame, Concrete): Year Built: Roof Material: Is your building located within 1000ft(300m) of a Fire Hydrant: Is your building located within 8km of a Firehall? Updates if building is over 25 years: 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

Type of facility: LNR, FCC/ In Home Multi Age 3-8 spaces, Group Facility 8-10 spaces, Group Facility 11-16 spaces, Group Facility 17-24 spaces, Group Facility 25-49 spaces, Group Facility 50-99 spaces, Group Facility 100 plus spaces. Contents Limit: \$25,000, \$50,000, \$75,000, \$100,000. Commercial General Liability Limit: \$2,000,000, \$3,000,000, \$4,000,000, \$5,000,000. Business Interruption Coverage: Gross Annual Receipts: Up to \$100,000, Between \$100,000 - \$250,000, Over \$250,000. EFFECTIVE DATE OF COVERAGE

Payment

Table with 2 columns: Description, Amount. Rows: Commercial General Liability Premium, Property Insurance Premium, Agency Fee, Referral Fee, (Note: a referral fee may be paid to PacificCARE and all fees are Minimum and Retained), TOTAL.

Method of Payment

Please attach a cheque made payable to Coastal Community Insurance OR complete credit card information below

Name on Credit Card: CCIS USE: Credit Card number: Approved Expiry date: Card Type: Visa / MasterCard Processed Cardholder signature:

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762 Fort Street, Victoria, BC, V8W 1H2

Fax: (250) 385-8833



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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Disclosure Notice

This disclosure form is for your information as our customer and for the purpose of complying with recent legislation affecting British Columbia insurance companies, financial institutions and their agents. There has been no change in the manner in which Coastal Community Insurance Services (2007) Ltd. transacts business or in our relationship with you.

- This transaction is between you, the Named Insured, and Intact Insurance Company.
- I, Carlie Williams, am licensed as a general insurance agent by the Insurance Council of British Columbia. I am employed by Coastal Community Insurance Services (2007) Ltd., and may receive a commission from the insurance company or Coastal Community Insurance Services (2007) Ltd. as a result of any transaction. In addition, a referral fee may be paid to a third party (see below).
 1. A referral fee is paid to PacificCARE Family Enrichment Society as part of this partnership.
 2. An agency fee is paid to Coastal Community Insurance Services (2007) Ltd. upon the completion of the transaction.

Carlie Williams
Coastal Community Insurance Services (2007) Ltd.

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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 or a sale of some or all of the Insurance Agency assets.
- Our affiliated Coastal Community group of companies
- Market research companies that subscribe to our privacy policy for conducting surveys

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. The Insurance Agency will continue to send me account statements, including statement inserts and information required by law.

I declare that I have obtained the appropriate consent from all individuals whose personal information is provided by me and that they have authorized me to agree to the above on their behalf.

Name

Signature

Date

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