



DAY CARE QUESTIONNAIRE

NAMED INSURED: _____	HOME PHONE: _____	FAX: _____
ADDRESS: _____	PROVINCE: _____	POSTAL CODE: _____
EMAIL ADDRESS: _____	MOBILE PHONE: _____	WORK PHONE: _____

1. DESCRIPTION OF PREMISES, INCLUDING AGE OF THE BUILDING:

2. NUMBER OF CHILDREN ATTENDING: _____ AGES: _____

3. YEARS IN OPERATION: _____

4. HOURS OF OPERATION AND NUMBER OF DAYS PER WEEK: _____

5. IS PLAY AREA COMPLETELY FENCED WITH CHILDPROOF LATCH ON THE GATE? YES NO

6. DESCRIBE ANY FIELD TRIPS AWAY FROM PREMISES:

7. DESCRIBE PLAYGROUND EQUIPMENT:

8. NUMBER OF SUPERVISORS IN ATTENDANCE AT ALL TIMES: _____

9. QUALIFICATIONS AND EXPERIENCE OF SUPERVISORS:

10. ARE MEALS SERVED TO CHILDREN? YES NO

11. IS MEDICATION EVER ADMINISTERED? YES NO

12. CLAIMS HISTORY:

13. PRESENT/PREVIOUS INSURANCE DETAILS:

14. HAS APPLICANT OBTAINED GOVERNMENT LICENSE? YES NO

15. ARE CHILDREN ONLY RELEASED TO THE CUSTODY OF A PARENT OR AUTHORIZED GUARDIAN? YES NO

OTHER:
