



Victor Canada
 500-1400 Blair Place
 Ottawa, Ontario K1J 9B8
 Telephone 613-786-2000
 Facsimile 613-786-2001
 Toll Free 800-267-6684
 www.victorinsurance.ca

Application Addendum

Commercial General Liability Insurance Child Care/Child Minding

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____
 Name of Broker Contact: _____
 Brokerage Address: _____ City: _____ Postal Code: _____
 For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

Please answer all questions. If they do not apply, indicate "N/A". If space is insufficient, please use separate sheets.

- Name of Applicant (and all subsidiaries): _____

- Mailing Address: _____
 Website Address: _____
- How long has the Applicant been in business under the above name? _____
- Is the Applicant currently licensed by a government agency? YES NO
 If no, please provide details: _____

5. Please list the following:

Age Group	Number of Children Registered	Number of Staff
Infants (up to 18 months)		
Toddlers (18 months-3 years)		
Pre-school (3-5 years)		
Jr. School Age (5-8 years)		
Sr. School Age (9 years plus)		
Total		

- Are children segregated by age group? YES NO
 If no, please provide details: _____

- Total Receipts: _____ Total Payroll: _____
- No. of Supervisors: _____ No. of all other Employees: _____ No. of Volunteers: _____

9. (a) Please list employees, age group that they work with and their qualifications:

Employee	Age Group That They Work With	Qualifications (i.e., E.C.E., First-aid Training, CPR, etc.)

(b) Are there any training procedures for first aid, CPR or equivalent? YES NO

If yes, please provide details: _____

(c) Are all employees covered under WSIB? YES NO

If no, please list the numbers by job description and estimated payroll:

Job Description	Payroll
_____	_____
_____	_____
_____	_____

Total Payroll: _____ No. of Employees: _____

10. **Independent Contractors** (please provide estimated cost of work done by independent contractors)

(a) Premises and equipment repair and maintenance: _____

(b) Transportation of children: _____

(c) Others (please describe): _____

(d) Do you require all contractors or subcontractors to provide proof of liability insurance? YES NO

If yes, what limit? _____

11. Does the Applicant have any agreements assuming liability? YES NO

If yes, please describe and provide copies: _____

12. Hours and days of operation: _____

13. What is the maintenance program relative to the outdoor/indoor play equipment? _____

14. (a) Please describe the facilities and special features (playground, swimming pool, pets, etc.): _____

(b) Are they fully fenced or otherwise secured? YES NO

If yes, please provide details: _____

(c) Are they at all times supervised by a staff member? YES NO

If no, please provide details: _____

15. Any off-premises exposure planned (i.e. field trips, local parks, pools, etc.)? YES NO

If yes, please provide details: _____

If yes, also please describe mode of transportation and supervision: _____

16. What rules relative to the delivery and pick-up of children apply? Specifically, when parents are delayed or are otherwise unable to pick up their child (i.e., note from parent and/or I.D. required).

17. What is the policy regarding sickness or communicable disease? _____

18. What procedures are employed relative to the handling of potentially harmful items (i.e., paints, cleaning supplies, medication kept on premises, etc.)?

19. Is there a medical questionnaire filled out regarding any allergic or other medical condition? YES NO

If yes, are written instructions obtained from parents and will medication be administered if needed as directed? YES NO

If yes, will a written record be kept to show the time, the medication and who administered it? YES NO

20. What emergency procedures are in place for dealing with a child who becomes ill or is injured at the school or on an excursion?

21. (a) What are the current safety procedures in the event of a fire? _____

(b) Do the premises meet all fire department requirements? YES NO

(c) Where are the fire extinguishers kept? _____

(d) Is there a maintenance agreement in place? YES NO

22. (a) Does the Applicant presently carry insurance? YES NO

If yes, who is the present insurer? _____

(b) Premium: _____ Limit: _____

(c) Is the present insurance claims made? YES NO

If yes, please provide the retroactive date: _____

(d) Is the present insurer willing to renew? YES NO

If no, please provide details: _____

(e) Does the policy cover all of the Insured's operations? YES NO

If no, please provide details: _____

23. Claims History

Please include the total costs from ground up for each claim, whether covered by insurance or not. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence and Injury or Damage	Amount				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you? YES NO

If yes, please provide details: _____

24. Non-owned Automobile

- (a) Number of employees using their automobile on company business:
 Regularly: _____ Occasionally: _____
- (b) Estimated annual cost of hired automobiles: _____
 Estimated annual cost of automobiles operated under contract: _____

25. Please indicate the limit(s) of liability required: _____

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

- Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:
- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
 - in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

I am applying for insurance based on the information provided above. I authorize you to collect, use and disclose personal information gathered in connection with this application, as permitted by law, for the insurance or a renewal, extension or variation thereof by Victor for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Date: _____

Signature of Applicant: _____

Title: _____

Please provide the following with the application:

- copy of the contract and/or registration form signed by parents or guardian;
- copy of the medical registration form;
- copy of the waiver currently in use.