***HOME CHILDCARE QUESTIONNAIRE***

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| Applicant’s Name:      | Broker:       | Broker Code:       |
| Applicant’s Address:       | Branch:       |
| Policy Period:       to       (12:01 AM) | Effective or Renewal Date:       |

***This questionnaire must be completed before coverage will be considered.***

1. Is the insured licensed under Provincial Legislation to run a baby-sitting or day-care facility?
	* If yes, decline the risk.
2. Maximum number of children that could be on the premises at any one time?
	* How many are the insured’s own children?
	* What are their ages?
3. Does the insured provide any transportation? [ ]  Yes [ ]  No
	* If yes, provide details:
4. Is the yard fenced? [ ]  Yes [ ]  No
	* If no, provide details:
5. Are there any liability hazards present in the yard? For example:
	* [ ]  Swimming Pool [ ]  Trampoline [ ]  Pond
6. Are any medications administered? For example:
	* [ ]  Insulin Injections [ ]  Prescription Medicine [ ]  Over the counter medicine
7. Are there any animals in the home? If the answer to this question is “yes”, the following questions must be asked:
	* Number and types of animals on the premises:
	* Breed of animal:
	* History of previous incidents involving the pet:
	* Location of pet while children are in the home (does the pet have access to the entire home, or are they contained):

Broker Signature:       Date: