***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: