

**HOME CHILDCARE QUESTIONNAIRE**

<b>Applicant's Name and Mailing Address:</b>	<b>Broker</b>	<b>Policy No. (or <input type="checkbox"/> NEW)</b>
	<b>Broker Code</b>	
	<b>Branch</b>	<b>Effective or Renewal Date</b>

**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 the answer to this question is "yes", decline the risk.
2. Maximum number of children that could be on the premises at any one time? _____ a) How many are the insured's own children? _____ b) What are their ages? _____
3. Does the insured provide any transportation? If the answer is yes, provide details.
4. Is the yard fenced? If the answer is no, provide details.
5. Are there any liability hazards present in the yard? For example: <input type="checkbox"/> Swimming pool <input type="checkbox"/> Trampoline <input type="checkbox"/> Pond
6. Are any medications administered? For example: <input type="checkbox"/> Insulin Injections <input type="checkbox"/> Prescription medication <input type="checkbox"/> Over the counter medication
7. Are there any animals in the home? If the answer to this question is "yes", the following questions must be asked: a) Numbered and Types of animals on the premises. _____ b) Breed of animal. _____ c) History of previous incidents involving the pet. _____ d) Location of pet while baby-sitting is taking place. For example: Does the pet have access to the entire home, or are they contained? _____

Broker Signature:	Date:
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