



COASTAL COMMUNITY INSURANCE SERVICES (2007) LTD.

AVIVA Insurance Company of Canada CHILD CARE LIABILITY INSURANCE QUESTIONNAIRE

1. Business name: _____
2. Principals name: _____
3. Address: _____
4. Is your facility licensed? _____ If no, please explain: _____
5. Type of service(s) stated on license: FCC, Group, OOSC, I/T, CM (please circle) and maximum capacity allowed as shown on license copy: _____
6. Have you ever as a licensed facility (including previous operations) had your facility suspended or shutdown? _____ *If yes please include a detailed account of the situation and include with your submission*
7. Please state last inspection date by licensing or your local CCRR: _____
8. Is your daycare facility located in a dwelling, school or other: _____
9. Number of years in operation: _____
10. Please identify the number of caregivers on staff and list their credentials: _____

11. Is your yard fenced? _____ If no, please explain and attach a copy of your outdoor policy while children are playing: _____
12. Are outings conducted away from the premise? _____ If yes, describe outings and mode of transportation: _____
13. Are children ever sent home unaccompanied by an adult? _____ If yes, please describe: _____
14. Have you had any insurance claims or losses in the past 5 years? _____ If yes, describe: _____
15. Has any insurer declined, cancelled or refused to renew insurance for you? _____
If yes, describe: _____

DISCLOSURE

Where an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any part of this application required to be stated therein: or the insured contravenes a term of the contract or commits fraud; or the insured wilfully makes a false statement in respect to claim information, a claim will become invalid and the Insured's right to recovery is forfeited. The Applicant has reviewed all parts and attachments of this application and acknowledges that all information is true and correct and understands that this application for insurance is based on the truth and completeness of the information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting fraud and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Applicant

Date