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 K&K Insurance Brokers, Inc. Canada

CHILD CARE SUPPLEMENTAL QUESTIONNAIRE

FOR USE WITH PROGRAMS PROVIDING ATTENTION TO MINORS IN THE ABSENCE OF THEIR PARENTS/GUARDIANS

1. Describe briefly the type of attention given to minors in the absence of parents/guardians: _____

2. What is the typical range of ages served in this program? _____

How many of each age grouping are typically involved, when present, at any one time?

	MALE	FEMALE
Age 1-2	_____	_____
Age 3-6	_____	_____
Age 7-9	_____	_____
Age 10-12	_____	_____
Age 13-17	_____	_____

3. How many adult staff directly supervise the activities? _____
 Total individuals: _____ At a given time: _____

4. What qualifications do you require of adult staff? _____

5. Do you have a formal set of policies and procedures for screening the character and criminal history of your adult staff, whether volunteers or paid employees, prior to selection? Yes No After selection? Yes No

Please attach these policies/procedures or characterize: _____

6. How do children arrive and depart your program/facility? _____

7. What system do you use for checking the children in and out as they arrive and depart? _____

8. What meals or snacks are provided? _____

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this Questionnaire Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

 Name (Print)

 Signature

 Date