



KINDERGARTEN RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

GENERAL, CONTACT, & MUNICIPAL QUESTIONS

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

CONTACT: _____

PHONE #: _____

POSITION: _____

EMAIL: _____

ORGANIZATION INFORMATION

GENERAL

1. Organization type:
 - Kindergarten Playschool After school Daycare
2. Is the centre licensed under the Day Nurseries Act?
 - Yes No
 - Please provide a copy of your license.*
3. # of children at any time: _____
4. Age group: _____
5. What is the average number of children per employee?
 - 0 to 2 years: _____ Kindergarten Age: _____
 - 2 to 5 years: _____ School Age: _____
6. Are you a registered not-for-profit? Yes No

OPERATIONS & BACKGROUND CHECKS

1. Have there been any changes in operations? Yes No
If yes, please provide details: _____

 2. Hours of operations: _____ to _____
 3. # of days per year open _____
 4. Annual Revenue: \$ _____
 5. How many employees do you have? _____
 6. How many volunteers are used on a regular basis?
 - Yes No
 7. Do you check employee qualifications and references?
 - Yes No
 8. Do you require criminal background checks on employees and volunteers from the police department? Yes No
- NOTE:** *This policy MAY NOT RESPOND unless ALL individuals working with the children have had a police background check.*

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MORE DETAILS

Do you provide any of the following?

- Transportation in the morning and / or evening: Yes No
- Meals on premises: Yes No
- Cooking on premises: Yes No

Outside Area - Do you have any of the following?

- Playground Yes No
- Fence and locked gate Yes No
- Swimming pool Yes No
- Activities off premises Yes No

Transportation for Activities off Premises:

- Do volunteers transport children? Yes No
- If 'yes', do you require valid drivers licenses and insurance in place? Yes No
- Do employees transport children? Yes No
- If 'yes', do you require valid drivers licenses and insurance in place? Yes No

Do you have written policies and procedures in place to address the following?

- Fire drills Yes No
- Inclement weather Yes No
- Field trips Yes No
- Crises management Yes No
- Sexual molestation Yes No
- Maintenance of buildings and grounds Yes No
- Maintenance of playground equipment Yes No
- Sickness and communicable diseases Yes No
- Transportation in private vehicles Yes No

Dietitian: Yes No

Does a nurse visit the centre?: Yes No

Do you have written policies and procedures in place to address the following? (cont'd)

- Medical treatment of children Yes No
- Emergency measures Yes No
- Evacuation plans Yes No
- Handling of harmful items (Paints, Cleaning Materials, Medicine) Yes No
- Are toys segregated by age group? (i.e. Are certain toys kept out of reach of children under 2 years) Yes No
- If a child has any allergies or other medical problems, does the Centre obtain written instructions from parents? Yes No
- If yes, does the centre keep a written record of medication, time administered and by whom? Yes No

Please attach a copy of your standard report form.

What are the rules for delivery and pickup of children, especially when the parents are delayed or otherwise unable to pick up the child? _____

BOND & CRIME INSURANCE

Please refer to the attached form to advise of any changes or renew as is.

INTERNAL PROCEDURES

WARRANTY: If you answer "no" to two of questions in this section, employee dishonesty coverage will be limited to \$5,000.

As part of your routine practises:

1. Do you require dual cheque signing as part of your cheque issuing process? Yes No
2. Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority? Yes No
3. Do you perform an annual independent financial audit for your organization? Yes No

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UNDERWRITING DATA FOR INSURING AGREEMENTS II & III

In answering questions 1 and 2 use "Supplemental Application" for each additional premises.

1. When the principal premises are open for business:
 - a. At least _____ employees will be on duty therein; and _____ daytime watchmen or guards, with no other duties, will also be on duty therein.
 - b. A holdup alarm system connecting with an outside central station _____ installed and _____ be connected and maintained in proper working order. If connected to an alarm monitoring station, the company name is _____
(is / is not) (will / will not)
 - c. Maximum amount of money and securities on the premises daily:
Money (not payroll): \$ _____ Securities: \$ _____ Payroll: \$ _____
 - d. Is payroll paid to employees the same day it is received? Yes No
2. When the principal premises are closed for business, the money and securities (including payroll) will be kept within the following described safes, chests or vaults or night depository, and the following alarm or watchmen service will be afforded:

SAFES

| | | |
|--|--|---------------------|
| MAKER OF SAFE: | ULC LISTING #: | ULC CLASSIFICATION: |
| RELOCKING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No | BRAND & MODEL OF RELOCKING DEVICE: | |
| CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS): | MAXIMUM \$ AMOUNT | |
| DOORS: _____ WALLS: _____ | MONEY & SECURITIES: \$ _____ | |
| TOP: _____ BOTTOM: _____ | SECURITIES ONLY: \$ _____ PAYROLL: \$ _____ | |
| WEIGHT: | ANCHORED: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

VAULTS

| | | |
|--|---|---------------------|
| MAKER OF VAULT DOOR: | ULC LISTING #: | ULC CLASSIFICATION: |
| RELOCKING DEVICE: <input type="checkbox"/> Yes <input type="checkbox"/> No | BRAND & MODEL OF RELOCKING DEVICE: | |
| CONSTRUCTION MATERIAL (INDICATE TYPE AND THICKNESS): | MAXIMUM \$ AMOUNT: | |
| WALLS: _____ ROOF: _____ | MONEY & SECURITIES: \$ _____ | |
| FLOOR: _____ | PAYROLL: \$ _____ SECURITIES ONLY: \$ _____ | |
| THICKNESS OF VAULT DOOR: | WEIGHT: | |

ALARM SYSTEMS

ULC LISTED: Yes No If yes, complete the fields below.

CERTIFICATE #:

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UNDERWRITING DATA FOR INSURING AGREEMENTS II & III (CONT'D)

ALARM SYSTEMS

TYPE OF CERTIFICATE: CENTRAL FULL SERVICE MONITORING SHARED SERVICE MONITORING LOCAL

LISTED ALARM COMPANY NAME(S):

ALARM COMPANY FULL ADDRESS:

TYPE OF INSTALLATION:

PREMISES PREMISES, SAFE PREMISES, VAULT

PREMISES, SAFE & VAULT SAFE VAULT

SAFE & VAULT

EXTENT OF PROTECTION: I II III IV

SERVICE RESPONSE: I II III

LINE SECURITY: I II III

GUARD RESPONSE (CENTRAL STATION ONLY): I II III

DATE OF LAST TEST:

EXPIRY DATE OF CERTIFICATE:

Private Watchman (Watchmen) employed exclusively by the Applicant will be on duty within the premises at all times when the premises are not regularly open for business while this policy is in force. State number of watchmen:

Each such watchman will:

- Register at least hourly on a watchman's clock
- Signal an outside central station at least hourly

If night depository used, state name and location of bank: _____

3. Money and securities, while being conveyed outside the principal premises, will be conveyed by messengers, paymasters, collectors, deliverymen or salesmen (defined in the policy as messenger) and protected as follows:

| MAX. # OF MESSENGERS OUTSIDE PREMISES AT ANY ONE TIME | MAX. AMOUNT OF CONVEYED BY EACH MONEY & SECURITIES | SECURITIES ONLY | # OF GUARDS WITH EACH | TYPE OF CONVEYANCE USED BY EACH | CONSTRUCTION OF MESSENGER SAFE, BAG, OR SACHEL USED BY EACH |
|---|--|-----------------|--------------------------|------------------------------------|---|
|---|--|-----------------|--------------------------|------------------------------------|---|

4. Securities are contained within a leased safe deposit box or boxes in a _____ vault of _____
(fire rated / burglar-resistant rated) (to be called the Depository*)
at _____
(Street and #) (City or Town) (County) (Province)

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SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

PRINTED NAME

POSITION / TITLE

DATE