

FOREST SCHOOLS

*** if this is run as a daycare it is not eligible to be quoted – daycare operations cannot be considered*

Brokerage: _____ Contact Name: _____ Email: _____

Name of Insured (including business name): _____

Mailing Address: _____

Location Address (if different from mailing): _____

Website: _____ Year business established: _____ Experience: _____

BUSINESS INFORMATION

Provide a full description of all activities, programs, events, and operations:

How long have you been in operation? _____

Select your type of business: Corporation Non-profit Sole Proprietor Partnership

Are you licensed? Yes No Do you operate (or plan to operate) year-round? Yes No

Estimated Annual Revenues (before expenses): \$ _____

Number of individual children attending throughout the year (count each child only once): _____

Number of employees: _____ Number of volunteers: _____

Are there teachers present at all times? Yes No *Provide credentials of all teachers*

LOCATION INFORMATION

Is the property owned or public land? _____ Do you have an emergency shelter plan? _____

Do you have access to a building for sudden inclement weather? Yes No

Is there a body of water? Yes No

If yes, provide details and protocols in place: _____

Are there animals? Yes No

If yes, provide details (types of animals, involvement with children): _____

Are there overnight events? Yes No

If yes, provide details: _____

Is there any off premises activities? Yes No

If yes, provide details: _____

INSURANCE HISTORY/CLAIMS INFORMATION

Has any Insurer cancelled, declined, or refused coverage? Yes No

Do you currently have insurance? Yes No If yes, current insurer: _____

Expiry date of current policy: _____

Have there been any claims, losses, or allegations in the past 5 years? Yes No

If yes, provide details: _____

Are you aware of any situation that may give rise to a claim? Yes No

If yes, provide details: _____

ADDITIONAL INFORMATION

What types of crafts or activities are offered, and what safety measures are in place?

Crafts/Activities: _____

How are daily routines, like rest breaks or bathroom access, managed to ensure safety and comfort?

Safety Protocols: _____

Other Operations: _____

Do you wish to obtain a quote for Accident Coverage? Yes No

WAIVERS ARE REQUIRED – PROVIDE A SAMPLE COPY OF WAIVER USED

Confirm that parent / guardian signs waiver on behalf of any participant Yes No

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____

PROPERTY COVERAGE

Location Address _____

Construction Type: _____ Year Built: _____ Upgrades: _____

of Stories: _____ Sprinklered: Yes No Distance to Hydrant: _____ Distance to Firehall: _____

Alarm: Yes No Details: _____

Square Footage: _____ Other Occupancies: _____

Additional Information: _____

Property & Business Interruption Coverages	Amount of Insurance
Building	
Tenant Improvements	
Stock	
Equipment	
Miscellaneous Property Floater	
Business Interruption <u>specify form and limit</u> <i>(Profits, Monthly Earnings, Gross Earnings, ALS)</i>	
Rent or Rental Value	
Extra Expense	
Computer (Hardware/Software)	
Other:	
Crime Coverages	Amount of Insurance
3D Crime	
Other (advise type / limit)	

OPTIONAL COVERAGES

Select any of the following optional coverages you require:

- Sewer Back-up Flood EQ By-Laws Property Extension