

Child Care Insurance Quotation Slip								
Current Insurer:				Expiry Date & Premium:				
The Insured Name and Address								
Contact Name:				Email:				
Phone:				Fax:				
Turnover				Part-Time Staff				
Wages				Full-Time Staff				
Service Type (circle your service/s):		Long Day Care		Family Day Care		Vacation Care		
		Before School Hours Care		After School Hours Care		Occasional Care		
Maximum number of children					Hours of operation?			
Do you lease the premises or own?					Do you have a kitchen?			
A. Are you required to comply with the Childcare Quality Assurance System?					Y / N			
B. If you answered 'yes' to question 'A' are you accredited?				Y / N				
C. If you answered 'no' to question 'B', is this because you did not meet the standard for Accreditation?						Y / N		
What specific equipment do you have?								
Construction of Premises								
Walls:				Floor:				
				Roof:				
				Age:				
Fire Safety Equipment								
Extinguishers?				Sprinklers?				
Hose Reels?				Fire Blankets?				
				Smoke Detectors?				
				Smoke Detectors, monitored?				
Security Features								
Alarm?				Back-to-Base?				
				Deadlocks?				
				Windows?				
Other security features:								
Risks Covered and Sums Insured (leave blank if any not required)								
Fire & Perils:		Building		\$		Contents, inside		
						\$		
						Contents, outside		
						\$		
Business Interruption:		Weekly income?			\$		Indemnity period?	
Theft:		Contents, inside		\$		Contents, outside		
						\$		
Glass:		Internal (Y/N?)				External (Y/N?)		
						Signs (Y/N?)		
						\$		
Public & Products Liability and Professional Indemnity Combined (circle):			\$5m		\$10m		\$20m	
Previous insurance history								
Has any insurer ever declined or cancelled an application, refused to renew a policy, imposed special terms, or declined or refused a claim?							Y / N	
Have you sustained any loss or damage to property in the last 5 years?							Y / N	
Have you had any claim made against you for property damage or personal injury in the last 5 years?							Y / N	
Have you or any person who will receive insurance protection under the proposed policy been charged with or convicted of any criminal offences in the last 10 years?							Y / N	
During the last 2 years have you or any other person to whom cover extends under this policy received any threats to life or property (private or business)?							Y / N	
Are there any other relevant facts relating to the risk to be insured which you should disclose to us to enable a true assessment of your insurance application?							Y / N	
Is any portion of the property to be insured in a state of disrepair or poor condition?							Y / N	
All terms quoted are subject to a satisfactory completed insurers proposal								