

**QUESTIONNAIRE**  
**FAMILY DAY CARE CENTER**  
 (Max 6 children including those of the applicant)

- 1) Name of applicant : \_\_\_\_\_
- 2) Postal Address : \_\_\_\_\_
- 3) Address of risk : \_\_\_\_\_
- 4) Age of applicant : \_\_\_\_\_
  - Does applicant hold a permit : Yes  No
  - Did applicant take courses : Yes  No 
    - baby sitting: Yes  No
    - first Aid: Yes  No
- 5) Number of applicant's children : \_\_\_\_\_
- 6) Maximum children kept : \_\_\_\_\_, Age of children kept : \_\_\_\_\_ to \_\_\_\_\_
- 7) Can the applicant keep children suffering from :
  - physical handicaps Yes  No
  - mental handicaps Yes  No
  - diabetes Yes  No
  - allergies Yes  No
  - other illnesses \_\_\_\_\_
- 8) Any drug dispensing Yes  No 

If Yes, are drugs kept in a secure place : Yes  No
- 9) Where are the activities located : basement  ground floor  2<sup>nd</sup> floor
- 10) Is the backyard fenced : Yes  No
- 11) Is the exterior playground fenced : Yes  No
- 12) Presence of animals on premises : Yes  No  , If Yes, specify : \_\_\_\_\_
- 13) Presence of a swimming pool : Yes  No 

If Yes, is access to pool secured: Yes  No
- 14) Other useful information : \_\_\_\_\_

Broker: \_\_\_\_\_

Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Insured or Broker