

Name & Address of Broker:

Phone Number:

Email:

Application completed By:

Legal Name of Applicant:

Mailing Address:

Location Address: Same: Or:

Key Contact Name:

Phone Number:

Email:

Website:

Applicant is best described as:

If operations include residents, does the owner reside in the facility? Yes No

(IF YES, RISK DOES NOT QUALIFY)

Please fully describe the Applicant's operations, activities and programs:

PLEASE NOTE: Supplemental application forms are required for certain risks and exposures IN ADDITION to this Specialty Lines application.

COMMUNITY LIVING ASSOCIATIONS – please complete supplement on page 16

GROUP HOME, YOUTH HOME OR RESIDENTIAL TREATMENT CENTRE – please complete supplement on page 17

YMCA or YWCA – please complete supplement on page 18

INCIDENTAL DAYCARE – please complete supplement on page 19 if you operate a daycare or before/after school program as part of your operations.

Where your main operation is that of a DAYCARE OR SCHOOL, complete the Daycare and School application (available at www.frankcowan.com) instead of this Specialty Lines application.

How long has the Applicant been in operation?

This Applicant is classified as:

For Profit

Not For Profit

This Applicant is incorporated as:

Date of incorporation:

Name of the Regulatory body or legislation which oversees the Applicant's Operation:

List all Associations the entity belongs to and the criteria for membership:

Does the Insured have any subsidiary or affiliated entities?

Yes

No

If Yes, please provide details:

Please describe any allegations; claims; or losses (including those relating to Abuse or Professional Negligence) in the past 5 years including those without payment:

Current Insurer:

Expiring Premium:

Expiry Date:

Target Premium:

Is the current insurer offering renewal terms?

Yes

No

LIABILITY INFORMATION

Number of employees:

Number of Volunteers:

Number of members if an Association:

Annual Payroll (Including Benefits):

Is Workplace Safety Insurance (WSIB) carried?

Yes

No

How many staff are certified in First Aid, CPR etc?

Identify and provide numbers of all Professional Employees by category, and indicate whether they are full-time or part-time.

Category	# of Full-Time	# of Part-Time

Annual Revenue:

Sources of revenue and % generated from each source

Include funding, fundraising, rental of facilities, sales, dances, etc.

Source	%	Source	%

Please describe any fundraising activities undertaken:

Are any of the facilities rented to third parties?

Yes

No

If Yes, Do you get Proof of Insurance?

Yes

No

Does the applicant ever provide alcohol during any function or event?

Yes

No

If Yes, Please explain:

Do staff administer medication? Yes

No

If Yes, please describe staff qualifications and procedures:

Do you operate a seasonal or year round camp?

Yes

No

	Number of Campers	Maximum Number at any one time
Spring:		
Summer:		
Fall:		
Winter:		

Do you obtain signed waivers for camp participants:

Yes

No

Are police records checked on all **prospective** employees and volunteers?

Yes

No

Please Note: A SITE PLAN, including distances, is required for all buildings or locations situated within 150 feet of each other, and for all Camps

Deductible requested:

Building Limit: If more than one building, provide limit PER building

Building is: Owned: Leased: If leased, a copy of the lease agreement is required

Tenants Improvements Limit:

Outdoor Equipment (including playground, fencing and signs) Limit:

Contents (including equipment and furniture) Limit:

Extra Expense Limit:

Additional coverages required (e.g. Flood, Earthquake, Fine Arts, etc.)

DATA PROCESSING INSURANCE (PER LOCATION)

Equipment/Hardware Limit:

Laptops:

Media Limit:

Extra Expense Limit:

BUSINESS INTERRUPTION COVERAGES:

Form Requested:

Limit Requested:

WORKPLACE DISRUPTION COVERAGE (Limit of \$50,000) requested? Yes No

If Yes, has any location ever been closed for infectious disease, contagion, food poisoning or vermin infestation in the past 5 years? Yes No

If Yes, please provide details:

Please note: Workplace Disruption coverage is only available to Boys & Girls Clubs, Camps and YMCA/YWCAs

Are there additional buildings or locations? Yes No

Have you included all locations and values that are owned, leased, rented or under the control of the Insured? Yes No

If No, please explain:

Additional Property Information Forms can be found at the end of this application, beginning on Page 7

EQUIPMENT BREAKDOWN INSURANCE

Do you require your Air Conditioning/Heating to be covered? Yes No

Do you require your Electronics (phone systems, smartboards) to be covered? Yes No

If Yes, what is the replacement value of the electronic equipment?

Contact Name and Phone Number if different from page 1

Name:

Phone Number:

CRIME COVERAGES

Employee Dishonesty Form A Commercial Blanket Bond Limit:

Broad Form Money and Securities Limit:

Location	Maximum Amount	Where do you store Money & Securities when premises are closed?	Centrally Monitored Alarm?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Are there any times during the year when your maximum exposure is greater than the amount requested above?

Yes No

If Yes, please explain:

Depositors Forgery Limit:

Money Orders and Counterfeit Currency Limit:

Audit Expense:

Computer Fraud Limit:

Please Note: Computer Fraud only available to Boys & Girls Clubs, Camps or YM-YWCA's

<i>Class A employees are those who, as part of their regular duties, handle or have custody of money, securities or merchandise or cheque signing authority</i>	Number of Class A employees
<i>Class B employees are all others.</i>	Number of Class B employees

AUDITS & CONTROLS

Are cheques counter-signed?

Yes No

If No, please explain:

Are bank accounts reconciled by someone not authorized to withdraw or deposit?

Yes No

If No, please explain:

How often do you have an independent audit completed?

Does someone outside your Accounts Payable Unit confirm correctness of all invoices paid?

Yes No

Are these invoices stamped "Paid" at the time cheques are issued to prevent duplicate cheques being issued later to fictitious persons?

Yes No

Are all cheques (outgoing) pre-numbered and all numbers accounted for, including void cheques?

Yes No

What percentage of receipts are: Cash: Cheques: Other:

Is Payroll by: Cash? Cheque? Direct Deposit?

If receipts or payroll are by cash, do you have audits of cash payment procedures at least annually?

Yes No

If No, please explain:

AUTOMOBILE INSURANCE

Is an Automobile quote required?

Yes No

If Yes, an Automobile application will be required prior to binding.

Please provide Auto information using supplemental form on page11

ERRORS & OMISSIONS AND DIRECTORS & OFFICERS LIABILITY – Claims Made Form

Available Only to Incorporated Not-for-Profit entities

Is E&O/D&O coverage required? Yes No

E&O/D&O Limit Requested:

Please complete the supplemental E&O/D&O form found on page 12

NON-OWNED AUTOMOBILE

Number of Employees that drive their own personal vehicle on Insured's business:

Does Insured ever rent vehicles for short periods of time? Yes No

If Yes, how often?

LEGAL EXPENSE (Defence Cost Reimbursement):

Is this coverage required? Yes No Limit Requested:

Please Note: Criminal Code Not Guilty coverage only available to Boys & Girls Clubs, Camps or YM-YWCAs

ENVIRONMENTAL LIABILITY

Is this coverage required? Yes No Limit Requested:

BOARD MEMBERS ACCIDENT

Is this coverage required? Yes No Limit Requested:

Number of Board Members:

Any additional comments or coverages required:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Date _____ Authorized Signature of an Officer _____

Name and Title of Officer _____

SUPPLEMENTAL PROPERTY FORM – Details Required for EACH building and location

Please Note: A SITE PLAN, including distances, is required for all buildings or locations situated within 150 feet of each other, and for all Camps

Location address:

Building Construction - Please indicate percentage for each type of construction:

Fire Resistive (Concrete Walls; Concrete Roof; Concrete Floors)	%
Masonry Non-Combustible (Masonry walls; steel deck roof; concrete floors)	%
Non combustibile (steel on steel)	%
Masonry (Masonry walls; wood floors; wood roof)	%
All other (including Brick Veneer and Frame)	%

Occupancy by Insured:

Occupied by Others as:

Year Built:

Year Updated:

Total area (including basement):

Number of storeys:

Is the building 100% sprinklered and centrally monitored? Yes No

Is the building 100% alarmed and centrally monitored? Yes No

What type of alarm? Smoke Heat Intrusion

Distance to Fire Hydrant: Distance to Fire Hall:

Fire Hall is: Full-Time: Volunteer: Composite:

Heating System: Forced Air: Hot Water: Steam:

Fuel: Gas Electric Oil Wood

Describe secondary heating system (if applicable):

Property Coverages

Note: Provide full replacement cost values on a per location basis as our program does not have co-insurance clauses or stated amount clauses

Deductible requested:

Building Limit: If more than one building, provide limit PER building

Building is: Owned: Leased: If leased, a copy of the lease agreement is required

Tenants Improvements Limit:

Outdoor Equipment (including playground, fencing and signs) Limit:

Contents (including equipment and furniture) Limit:

Extra Expense Limit:

Additional coverages required (e.g. Flood, Earthquake, Fine Arts, etc.)

Data Processing Insurance (Per location)

Equipment/Hardware Limit: Laptops:

Media Limit: Extra Expense Limit:

Business Interruption Coverages:

Form Requested: Limit Requested:

Workplace Disruption Coverage Requested? Yes No

If Yes, has any location ever been closed for infectious disease, contagion, food poisoning or vermin infestation in the past 5 years? Yes No

If Yes, please provide details:

Please note: Workplace Disruption coverage is only available to Boys & Girls Clubs, Camps and YMCA/YWCAs

SUPPLEMENTAL PROPERTY FORM – Details Required for EACH building and location

Please Note: A SITE PLAN, including distances, is required for all buildings or locations situated within 150 feet of each other, and for all Camps

Location address:

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Non combustibile (steel on steel)	%
Masonry (Masonry walls; wood floors; wood roof)	%
All other (including Brick Veneer and Frame)	%

Occupancy by Insured:

Occupied by Others as:

Year Built:

Year Updated:

Total area (including basement):

Number of storeys:

Is the building 100% sprinklered and centrally monitored? Yes No

Is the building 100% alarmed and centrally monitored? Yes No

What type of alarm? Smoke Heat Intrusion

Distance to Fire Hydrant: Distance to Fire Hall:

Fire Hall is: Full-Time: Volunteer: Composite:

Heating System: Forced Air: Hot Water: Steam:

Fuel: Gas Electric Oil Wood

Describe secondary heating system (if applicable):

Property Coverages

Note: Provide full replacement cost values on a per location basis as our program does not have co-insurance clauses or stated amount clauses

Deductible requested:

Building Limit: If more than one building, provide limit PER building

Building is: Owned: Leased: If leased, a copy of the lease agreement is required

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Outdoor Equipment (including playground, fencing and signs) Limit:

Contents (including equipment and furniture) Limit:

Extra Expense Limit:

Additional coverages required (e.g. Flood, Earthquake, Fine Arts, etc.)

Data Processing Insurance (Per location)

Equipment/Hardware Limit: Laptops:

Media Limit: Extra Expense Limit:

Business Interruption Coverages:

Form Requested: Limit Requested:

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If Yes, please provide details:

Please note: Workplace Disruption coverage is only available to Boys & Girls Clubs, Camps and YMCA/YWCAs

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Non combustible (steel on steel)	%
Masonry (Masonry walls; wood floors; wood roof)	%
All other (including Brick Veneer and Frame)	%

Occupancy by Insured:

Occupied by Others as:

Year Built:

Year Updated:

Total area (including basement):

Number of storeys:

Is the building 100% sprinklered and centrally monitored? Yes No

Is the building 100% alarmed and centrally monitored? Yes No

What type of alarm? Smoke Heat Intrusion

Distance to Fire Hydrant: Distance to Fire Hall:

Fire Hall is: Full-Time: Volunteer: Composite:

Heating System: Forced Air: Hot Water: Steam:

Fuel: Gas Electric Oil Wood

Describe secondary heating system (if applicable):

Property Coverages

Note: Provide full replacement cost values on a per location basis as our program does not have co-insurance clauses or stated amount clauses

Deductible requested:

Building Limit: If more than one building, provide limit PER building

Building is: Owned: Leased: If leased, a copy of the lease agreement is required

Tenants Improvements Limit:

Outdoor Equipment (including playground, fencing and signs) Limit:

Contents (including equipment and furniture) Limit:

Extra Expense Limit:

Additional coverages required (e.g. Flood, Earthquake, Fine Arts, etc.)

Data Processing Insurance (Per location)

Equipment/Hardware Limit: Laptops:

Media Limit: Extra Expense Limit:

Business Interruption Coverages:

Form Requested: Limit Requested:

Workplace Disruption Coverage Requested? Yes No

If Yes, has any location ever been closed for infectious disease, contagion, food poisoning or vermin infestation in the past 5 years? Yes No

If Yes, please provide details:

Please note: Workplace Disruption coverage is only available to Boys & Girls Clubs, Camps and YMCA/YWCAs

SUPPLEMENTAL PROPERTY FORM – Details Required for EACH building and location

Please Note: A SITE PLAN, including distances, is required for all buildings or locations situated within 150 feet of each other, and for all Camps

Location address:

Building Construction - Please indicate percentage for each type of construction:

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Heating System: Forced Air: Hot Water: Steam:

Fuel: Gas Electric Oil Wood

Describe secondary heating system (if applicable):

Property Coverages

Note: Provide full replacement cost values on a per location basis as our program does not have co-insurance clauses or stated amount clauses

Deductible requested:

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Extra Expense Limit:

Additional coverages required (e.g. Flood, Earthquake, Fine Arts, etc.)

Data Processing Insurance (Per location)

Equipment/Hardware Limit: Laptops:

Media Limit: Extra Expense Limit:

Business Interruption Coverages:

Form Requested: Limit Requested:

Workplace Disruption Coverage Requested? Yes No

If Yes, has any location ever been closed for infectious disease, contagion, food poisoning or vermin infestation in the past 5 years? Yes No

If Yes, please provide details:

Please note: Workplace Disruption coverage is only available to Boys & Girls Clubs, Camps and YMCA/YWCAs

SUPPLEMENTAL AUTOMOBILE FORM

Please provide loss history for past 6 years and details for each licensed vehicle in the charts below.

An Automobile application (OAF1 or provincial equivalent, a Commercial Vehicle Supplement, a Fleet Supplement (5 or more units) will also be required.

Veh #	Year	Make	Model	VIN	RIN	List Price New	Use of Vehicle	Seating Capacity

Veh #	Coverages Required	Additional Comments

6 Year Loss History

SUPPLEMENTAL ERRORS & OMISSIONS AND DIRECTORS' AND OFFICERS' LIABILITY FORM
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NAMED INSURED:

- | | | |
|---|-----|----|
| (a) Do you have any involvement in the activities and operation of any political committee or those of a trade union or federation? | Yes | No |
| (b) Are you currently or have you during the past twelve months been in arrears of any payments or monies payable to Revenue Canada or the provincial ministries of revenue? | Yes | No |
| (c) Have you at any time during the last 5 years been in breach of any of your debt covenants, loan agreements or contractual obligations or do you anticipate any such breach occurring within the next twelve months? | Yes | No |
| (d) Have you changed your outside accountant or external legal counsel in the last 5 years? | Yes | No |
| (e) Have you currently, or have you at any time in the last 3 years: | | |
| (i) Sought protection under the Companies' Creditors Arrangement Act, or | | |
| (ii) Made a commercial proposal under Part III of the Bankruptcy and Insolvency Act? | Yes | No |

(If the answer to any of the above questions is "YES", please provide full details.)

OPERATIONS:

Do you, the Insured, or any person(s) proposed for this insurance perform any of the following:

- | | | |
|---|-----|----|
| (a) Provide counseling services, referral services, legal aid services, computer services or medical services to public or others? | Yes | No |
| (b) Act as or participate in a peer review group or committee for assessing the qualifications and performance of others or the quality of products manufactured, sold, handled or distributed by others? | Yes | No |
| (c) Take any disciplinary action or recommend disciplinary action as a result of peer review group activities? | Yes | No |
| (d) Engage in activities such as lobbying or labour negotiation | Yes | No |

(If the answer to any of the above questions is "YES", please provide full details.)

CONTEMPLATED CHANGES:

- (a) Have there been any changes in the Directors, Trustees or Officers in the last 12 months? Yes No
- (b) Do you have under consideration at the present time or do you contemplate any acquisitions, divestitures, tender offers or mergers? Yes No

(If the answer to any of the above questions is "YES", please provide full details.)

DIRECTORS OR TRUSTEES:

- (a) Number of Directors or Trustees:
- (b) Number of Officers:
- (c) How frequently does the Board of Directors meet?
- (d) How many Board Members constitute a quorum?
- (e) Is the agenda and minutes from the previous board meetings available ten days prior to each board meeting date? Yes No
- (f) Are there any loans outstanding or anticipated to Directors, Trustees or Officers or Corporations controlled by them? Yes No
- (g) Does each Director or Trustee have a formal job description which clearly defines the scope of their duties? Yes No

OPERATIONAL PROCEDURES:

- (a) Are the Directors, Trustees and Committee Members informed of new developments, and the operation's results? Yes No
- (b) Have standard decision-making procedures been defined? Yes No
- (c) Does a procedure for documenting major decisions and events exist? Yes No
- (d) Does a procedure for retention of essential legal, financial and personnel records exist? Yes No

LEGAL:

- (a) What is the source of the board's legal advice?
- (b) Do legal advisers make regular presentations to the board to review the responsibilities of the Directors or Trustees? Yes No
- (c) Are all persons required to obtain legal counsel prior to publicly commenting on any of the Insured's activities? Yes No

NOTICE:

Identify the Officer of the Named Insured designated to receive all notices from the Insurer concerning this insurance

NAME: _____ TITLE: _____
(Please Print)

PRIOR INSURANCE:

- (a) Have any claims, facts or circumstances which might possibly give rise to a claim been reported to the current or any previous D&O or E&O Insurance Company? Yes No

(If the answer to any of the above questions is "YES", please provide full details.)

(b) Previous Directors' and Officers' or Errors and Omissions Liability Insurance (last 3 years):

Name of Insurer	Limit of Policy	Retention	Period

ATTACHMENTS:

Please supply copies of the following documents which will be considered part of this proposal:

- (a) Last 3 years' annual reports including financial statements
- (b) Latest interim financial statement
- (c) By-laws of the Insured
- (d) List of Directors or Trustees and Officers including occupations
- (e) List of Committees including description of function
- (f) Sample of any newsletter produced by the Insured

WARRANTIES & SIGNATURE:

- (a) No Claim which would, had insurance similar to that now proposed been in force, have fallen within the scope of such insurance has been made or is now pending against any person(s) proposed for this insurance in the capacity of Insured, except as follows:

- (b) No person proposed for this insurance is cognizant of any fact or circumstance or of any Wrongful Act which might possibly give rise to a future Claim such as would fall within the scope of the proposed insurance except as follows:

- (c) No similar insurance on behalf of the Named Insured has been declined or cancelled or renewal thereof refused, except as follows:

- (d) Neither the Named Insured nor any of the Additional Insureds has been involved in or has any knowledge of any currently pending insolvency and/or bankruptcy, anti-trust, combines, price fixing, restraint of trade tax, copyright, patent, securities law or regulation infringement or government regulatory or administrative proceedings against the Named Insured and/or the Additional Insureds, except as follows:

- (e) No fact, circumstance or situation indicating the possibility of a Claim against which indemnification would be afforded by the proposed insurance is now known to any person(s) applying for this insurance other than which is disclosed in this proposal form.

It is specifically agreed by all concerned that if any person(s) applying for this insurance has any knowledge of any such fact, circumstance or situation, any Claim subsequently emanating therefrom will be excluded from coverage under the proposed insurance.

- (f) The undersigned Director of the Named Insured is duly authorized to make representations and to sign on behalf of all the Additional Insureds and the Named Insured and declares that the statements herein are true and complete.
- (g) The undersigned Director of the Named Insured declares that the financial statements submitted with this proposal form are representative of the current financial position of the Named Insured.
- (h) Signing of this proposal form does not bind the Insurer to complete the insurance, but it is agreed that this proposal form will be the basis of the contract should a policy be issued, and that this proposal form will be attached to and become a part of such policy, if issued.

The Insurer is hereby authorized to make any investigation and inquiry in connection with this proposal as it may deem necessary.

- (i) It is warranted that the particulars and statements contained in the proposal form for the policy and any materials submitted herewith (which will be retained on file by the Insurer and which will be deemed attached hereto, as if physically attached hereto), are the basis for the policy and are to be considered as incorporated into and constituting a part of the policy.
- (j) It is agreed that in the event that there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the Named Insured will notify the Insurer and, at the sole discretion of the Insurer, any outstanding quotations may be modified or withdrawn.

**COVERAGE CANNOT BE BOUND UNLESS
THIS PROPOSAL FORM HAS BEEN DULY
COMPLETED, SIGNED AND DATED.**

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

Name of Insured:

Name & Title of Director:

Date:

Signature of Director: _____

SUPPLEMENTAL COMMUNITY LIVING ASSOCIATION FORM

Please note: This supplemental form must be completed in addition to the Specialty Lines application.

If the exposure does not apply, please complete as N/A (Not Applicable)

Exposure	# of Workshops, Acres or Units	Annual Sales	Description of activities/operations
Workshops			
Farming			
Greenhouse			
Janitorial Services			
Independent Living Apartments			
Other			

Do you have any other operations, exposures or sources of revenue not previously listed?

Yes

No

If Yes, please describe in detail:

**SUPPLEMENTAL GROUP HOME, YOUTH HOME OR RESIDENTIAL TREATMENT CENTRE
FORM**

Please note: This supplemental form must be completed in addition to the Specialty Lines application.

Is the facility licensed within the province of operation by the appropriate Ministry or governing body? Yes No

Is government funding directed to the entity? Yes No

Is there 24-hour supervision? Yes No

How many times per year is the facility inspected by a regulatory body?

What is the criteria for persons to be admitted to the facility?

What is the age range of the residents of the facility?

Type of Service	Number of Persons Accessing Service	Maximum Capacity

SUPPLEMENTAL YMCA & YWCA FORM

Please note: This supplemental form must be completed in addition to the Specialty Lines application.

Do you provide programs that involve counseling? Yes No

If Yes, please provide details:

Do you offer a Backyard Pool Program Yes No

Number of pools: Total registrations:

Please note: pool owners must notify the Insurer of their Homeowners' policy advising of their participation in the Y's Backyard Pool Program.

Do you own or operate any sun tanning or sauna equipment? Yes No

Number of beds and or saunas: Year beds and/or saunas installed

Annual Income Figures			
Membership Fees		Program Fees	
Childcare Fees		Residence Rentals	
Facility Rentals		Cafeteria/Café receipts	
Liquor Receipts		LINC	
English as a Second Language		Other (Describe)	

If you own or operate a cafeteria, café or licensed establishment, which types of food and beverages are offered?

Programs Offered			
Fitness Programs		Crisis Centre	
Youth Centre		Weight room(s)	
Gymnasium		Ball Courts	
Tennis		Judo/Karate	
Aerobics		Other (Describe)	

Do you offer residential housing, rooms or apartment units? Yes No

of On-site units # of Off-site units:

Do you sponsor community events? Yes No

Do you obtain signed waivers from fitness participants? Yes No

If Yes, please attach a copy of the waiver.

Provide details of any owned or leased watercraft (i.e. # of units, types, horsepower, etc.) and explain usage:

SUPPLEMENTAL INCIDENTAL DAYCARE CENTRE FORM

Please note: This supplemental form must be completed in addition to the Specialty Lines application.

Do you operate In-Home Daycare?	Yes	No
Number of locations:	Number of Children:	
Do you operate a daycare licensed by a government agency?	Yes	No
Has your license ever been suspended? If yes, please provide details	Yes	No

Number of Children per day:	Ages of children:			
Does age group segregate children?			Yes	No
Is there parent participation?			Yes	No
Number of Supervisors:				
Qualifications of Supervisors:	0 - 2	2- 5		
Ratio of qualified staff to children aged:	5 - 10	10+		
Does a nurse visit the centre?			Yes	No
If Yes, is this a registered nurse?			Yes	No
Who employs the nurse?				
Briefly explain the duties of the nurse:				

Describe fully all playground equipment, including supervision and maintenance.

Are any outside activities planned (eg. Field trips, swimming classes, etc.)	Yes	No
If yes, describe activity, including mode of transportation and supervision.		

If yes, is a waiver signed by parents?	Yes	No
Is food served?	Yes	No
If yes, please provide details:		

Are there policies in place with respect to drop-off and pick-up of children, sickness and communicable disease?	Yes	No
If yes, please provide details:		