



Habitational Improvements – All Forms

Effective: December 1, 2016 – New Business and Renewals

We are pleased to announce improvements to our Home Day Care and Home Based Business coverages effective December 1, 2016.

NEW! Personal Lines Home Day Care Questionnaire

This mandatory questionnaire applies to all policies where a home day care is in operation.

Effective December 1, 2016 and later this questionnaire must be completed annually. Please advise your underwriter if the policyholder no longer operates a home day care.

IMPORTANT NOTE: If a signed and completed questionnaire is not received prior to the renewal date, the policy will not be released and may be lapsed.

Home Based Business

We have updated our list of eligible Home Based Businesses and revised the underwriting guidelines found within our Broker manual.

NOTE: Existing Home Based Businesses that are no longer eligible will be grandfathered for this change.

This Personal Lines Home Day Care Questionnaire can be found on our Broker Portal (brokerportal.wawanesa.com) as well as attached to this bulletin.

If you have any questions, please contact your Wawanesa Representative who would be ready to assist you.

Thank you for your support of Wawanesa



New Business Renewal

Date		Risk Location	
Insured Name		Broker Name	
Policy Number		Broker Number	

	CHILDREN OF OTHERS UNDER YOUR CARE	YOUR OWN CHILDREN
Total Number of Children Under 18		
Children under 2 years old		
Children under 6 years old		
Children with special needs (ex. Physical, mental or emotional challenges)*		

* If yes, please provide the individual age of each special needs child in your care (including your own) _____

ABOUT YOU

Is your day care licensed? Yes No *If yes, please provide license #* _____

Do you have any employees? Yes No

How many years has your day care been in operation? _____

Do you have formal early childhood education? Yes No

If yes, please provide date of completion and name of educational institute attended _____

Do you have first aid training? Yes No

If yes, please provide date of completion and name of certification obtained _____

HEALTH

Do you obtain proof of vaccination for each child? Yes No

Do you keep records of all injuries, however minor, and the type of treatment? Yes No

Do you dispense any medicines or medications? Yes No

If yes, do you obtain written instruction and consent for each new medicine or medication? Yes No

Do you care for any children with anaphylactic allergies? Yes No

If yes, please answer the following questions:

Do you have a valid epinephrine auto-injector (ex. EpiPen) available for each child? Yes No

Do you have procedures in place for anaphylactic allergies? Yes No

Do you obtain signed emergency release forms from parents/legal guardians authorizing transport to hospitals? Yes No

Do you have any pets? Yes No

If yes, how many: Dogs _____ Cats _____ Other (Please specify) _____

ACTIVITIES

Do you provide any vehicular transportation? Yes No *If yes, please specify* _____

Do you regularly plan any off premises activities? Yes No *If yes, please specify* _____

Do you prepare or provide hot meals or snacks? Yes No *If yes, please specify* _____

Do you provide each child under 2 with their own sleeping accommodation? Yes No

ENVIRONMENT

Do you have a swimming pool? Yes No

Do you have a hot tub? Yes No

Is your yard fenced with a secure gate? Yes No

If yes, is the gate locked? Yes No

Do you have any outdoor playground equipment? Yes No

If yes, please describe the equipment and the type of surface underneath the playground equipment _____

Do you lock up cleaning materials and all other toxic substances to avoid accidental poisoning? Yes No

NEW BUSINESS ONLY: Have there been any losses related to the day care operation in the last five (5) years? Yes No

If yes, please specify _____

The answers to the above questions are correct to the best of my knowledge and belief. I hereby authorize the reports containing claims history may be sought in connection with this application for insurance or renewal, extension or variation thereof.

Signature of Insured(s) _____

Date / /
 MM DD YYYY

Signature of Broker

*Only required if Insured
unavailable to sign*

Date / /
 MM DD YYYY