

# Quote Request Form Child Care Programme

Magenta Insurance Professionals operated by CRE Insurance Services Inc.



Name of Centre/School \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_ Website \_\_\_\_\_

Email completed form to  
**childcare@magenta-ins.ca**  
or call **1-800-489-7889**

## Child Care Specific Questions

Is the centre licenced under the "Day Nurseries Act"?  Yes  No If Yes, advise permit no. \_\_\_\_\_  
Maximum number of children on license \_\_\_\_\_  
Please provide breakdown by age groups \_\_\_\_\_  
Number of total staff? \_\_\_\_\_ How many are ECE? \_\_\_\_\_  
Hours of operation from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
Is transportation provided?  Yes  No

## Property Questions (if more than one location, please list addresses on a separate sheet. Complete quote form for each location.)

Please describe the construction of premises \_\_\_\_\_  
 Concrete block  Brick veneer  Frame  Other  
Year built \_\_\_\_\_ Other occupants \_\_\_\_\_  
Do you own the building?  Yes  No If Yes, what limit of coverage is required? \_\_\_\_\_  
Replacement cost value of all contents \_\_\_\_\_  
Replacement cost value of outdoor stationary play equipment \_\_\_\_\_

## Liability Questions

Minimum number of staff on duty at any one time \_\_\_\_\_  
Is overnight care provided?  Yes  No  
Annual operating budget \_\_\_\_\_  
Is this a non-profit organization?  Yes  No  
If yes, would you like a quotation for Directors and Officers of the Board?  Yes  No  
Renewal date \_\_\_\_\_ Current insurer \_\_\_\_\_  
Please list any prior claims:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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1-800-489-7889 | [childcare@magenta-ins.ca](mailto:childcare@magenta-ins.ca)



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