



**Home Child Care Providers
 Liability Coverage Questionnaire Form**

Insured	Effective Date of Change			Policy Number
	Year	Month	Day	

1. Are you an unlicensed home child care provider? YES NO

2. If yes to #1, are you operating as specified under the Child Care and Early Years Act (CCEYA)? YES NO

3. Are you a home child care provider that is overseen by a home child care agency? If Yes, please specify the name of the agency. YES NO
Agency:

4. How many days per week do you operate as a home child care provider, and what are your hours of operation? **Number of Days:**
Hours of Operation:

5. How many children do you care for? Please include your own children in your count if applicable. **Number of Children:**

6. Do you care for any children under the age of 2? If yes, how many? YES NO
 Please include your own children in your count if applicable. **Number of Children:**

7. Have you ever been convicted of an offence under the Daycare Nurseries Act or the Child Care and Early Years Act? YES NO