Foster and Child Care Services Renewal Application

Please complete this application in its entirety, as the responses given are material to the provision of terms. There is space for more details in the Additional Information Section at the end of the application. Coverage(s) may be provided on a claims-made basis.

Named Insured: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Email: _____ Phone: _____

Section 1: About Your Organization

1. Have your operations changed from what was reported previously? If yes, please provide details.* Yes O No O
2. Do you expect a material change in your operations in the next 12 months? If yes, please provide details.* Yes O No O
3. Have any of your best practices or risk management protocols changed? If yes, please provide details.* Yes O No O
4. Did your organization receive accreditation last year? Yes O No O

Section 2: Operations

1. Please indicate what percentage (%) of your operations would include the following (**total of all sections should equal 100%):**

%	*Description of Operations*	*%*	*Description of Operations*	*%*	*Description of Operations*
	Foster & Childcare Services				

2. Please indicate the number of group homes and/or staffed foster care facilities you operate: _____
3. Please indicate the number classroom locations you operate: _____
4. Please indicate the number of children and youth in your classrooms: _____
5. Please indicate the number of Serious Occurrence Reports that were reported in the last 12 months? _____
6. Have all issues and/or recommendations from previous Serious Occurrence Reports been addressed? Yes O No O

Section 3: Staffing

1. Please indicate the number of your salaried staff by Full Time Equivalent (FTE) **(1 FTE = 37.5 hours/week)**:

	Case Managers		Nursing Assistants/Nurse Aides		Social Workers
	Case Workers		Personal Support Workers		Administration, Food Services,
	Counsellors/Mental Health Workers		Psychologists		Housekeeping, Maintenance,
	Dieticians/Nutritionists		Registered Nurses		Management, etc.
	Licensed Practical Nurses		Registered Practical Nurses		Other, please specify below:
	Nurse Practitioners		Registered Psychiatric Nurses		

2. Please indicate the number of independent contracted professionals and their professions:

#	*Professional Description*				

Section 4: Group Home Beds and Staffed Foster Beds

Please indicate the number of group home beds and staffed foster beds you are licensed for by the following category:

	Group Home Beds – Adults		Staffed Foster Beds – Adults		Other Beds - please specify below:
	Group Home Beds – Minors		Staffed Foster Beds – Minors		

Section 5: Foster Children Spots and Youth Under Care

Please indicate the total number of foster children spots you are licensed for, the annual average occupancy and youth under care:

	Total Licensed Foster Children Spots		Average Number of Foster Children		Independent Supported Living
	Total Youth Under Agency's Care		Total Youth with Justice Canada History		

*Please provide further details in the space provided under the Additional Information Section.

Privacy Policy

By signing this form, you are consenting to the collection, use, disclosure, and retention of your personal information for the purposes of underwriting and rating, policy issuance, processing and remitting premium, reporting claims, complying with applicable laws and governing bodies, reporting and monitoring results and fraud and criminal prevention. Please see www.signalunderwriting.com/privacy-statement for our External Privacy Policy.

Declarations

I/We, the undersigned, do declare and warrant that all statements and responses provided in this application and the attached addenda are to the best of my/our knowledge are true. Further, I/we warrant that no information has been withheld, suppressed or misstated any material facts that the underwriters may come to rely upon. I/We will notify the underwriters as soon as practicable if anything material is to change. I/We hereby agree and accept that this Declaration shall be the basis of such contract and will form part of the policy. Signing this application does not bind the underwriters or insurers to complete the insurance, nor does it bind the me/us to purchase the quoted coverage.

For British Columbia residents: SIGNAL Underwriting Inc. operates as SIGNAL Underwriting Services in British Columbia.

For Quebec and New Brunswick residents: Signing this Declaration confirms your request that all documentation and correspondence pertaining to the insurance coverage be in the English language.

Name (please print)	Title	Date

Signature

Additional Information Section

Please use this space to provide any additional information from the questions above, from the addenda or anything you feel is material to your operations:

*Please provide further details in the space provided under the Additional Information Section.