



INSCRIPTION FORM

Programme Koala

Insurance for childcare services for 9 children or less

To better understand your insurance coverage and quickly obtain answers to all your questions, we invite you to consult www.abernier.ca in the FAQ section – Childcare services for 9 children or less

- ☀ Commercial General Liability – **Limit \$10 000 000**
- ☀ Property related to the operations home childcare provider - **Limit \$40 000**
- ☀ Business Interruption Insurance – **Actual Loss Sustained**
- ☀ Crime 1.0 – **Employee Dishonesty Form 111.1e-1**

ANNUAL premium: \$352.29

*** Premium applicable for 9 children or less ***

Our certificates are all renewable on April 1st of each year. Your premium will therefore be adjusted accordingly

First name : _____ Personnal address : Number & Street : _____ Town : _____ _____ Postal code : _____ Phone : _____ E-mail : _____ Name of coordinating office : _____	Name: _____ Childcare address : --- >>> Same as personnal address <input type="checkbox"/> Number & Street : _____ Town : _____ _____ Postal code : _____ _____ _____
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CHECK THE BOX THAT APPLIES TO YOUR SITUATION AND FILL IN THE SPACES WHERE NECESSARY

↓ ↓ ↓ Please indicate whether your childcare service is located at your residence or if you are in à Pilot Project ↓ ↓ ↓

- CHILDCARE SERVICE AT YOUR RESIDENCE**
 -> **NEW CHILDCARE SERVICE** --->>> What is the opening date of your childcare service? _____
 -> **DAYCARE ALREADY OPEN** --->>> What is the date you want to start your new certificate? _____

- PILOT PROJECT (outside your house)**
 -> What is the name of the 2nd RSGE? _____
 -> Is the childcare service already operational?
 IF YES = Please indicate the opening date : _____
 IF NOT = Indicate the start date of occupancy of the premises : _____

- > **If applicable** : I authorize _____ to discuss my file insurance with
(Husband, Spouse, Brother, Sister, Friends or Your coordinating office)
 Assurances Bernier & Filles and the Regroupement des CPE Côte-Nord.

- > **By signing and submitting this form, I understand that I will have to pay the premium upon receipt of the invoice**

Please fill out, sign, and return this form to us by E-Mail, fax or mail at:

Regroupement des CPE Côte-Nord,
 810, Bossé Street, #201, Baie-Comeau Qc G5C 1L6
 Phone : 418-295-3567 or 1-866-795-3567 ext. 2,
 Fax : 418-295-1467,
 E-mail : assurances@rcpecn.com

Signature : _____

Date : _____