



## Babysitting Questionnaire

### Location Details

Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

Risk Address: \_\_\_\_\_  
*Street Address, City, Province, Postal Code*

Number of children the insured babysits under 12: \_\_\_\_\_

Number of insureds own children: \_\_\_\_\_

Are the children permitted to use outside facilities?

☐ YES ☐ NO

Is the yard fenced?

☐ YES ☐ NO

Is there a pool on the premise?

☐ YES ☐ NO

Is the pool fenced?

☐ YES ☐ NO

Are the children supervised while outside?

☐ YES ☐ NO

Is there climbing apparatus?

☐ YES ☐ NO

Is there swings?

☐ YES ☐ NO

Is there slides?

☐ YES ☐ NO

Is there a trampoline?

☐ YES ☐ NO

Is there any pets?

☐ YES ☐ NO

If yes, How many? \_\_\_\_\_

What Breed? \_\_\_\_\_

How long have pets been owned? \_\_\_\_\_

Are there proper safety precautions in place? (e.g. gates on stairs, electrical outlet plugs)

☐ YES ☐ NO

Are parents of children required to sign a waiver or responsibility or a contract?

☐ YES ☐ NO

How long has the insured been babysitting in the home? \_\_\_\_\_

Have they had any accidents involving children? Give specifics \_\_\_\_\_

Has insured taken Early Childhood Education?

☐ YES ☐ NO

**Has insured taken First Aid Training?**

☐ YES ☐ NO

**Is the insured sponsored by or working under contract with any Daycare Assoc or organization?**

☐ YES ☐ NO

### **Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

**Insured Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_