

INSCRIPTION FORM

Programme Koala

Insurance for childcare services for 9 children or less

Last name, first name : _____

Childcare address: _____

City: _____ Postal code: _____



Phone number : _____



Email : _____

Coordinating Office (CO) : _____

- I AGREE TO RECEIVE MY INSURANCE DOCUMENTS BY « EMAIL »
 I PREFER TO RECEIVE MY INSURANCE DOCUMENTS BY « MAIL »

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

Start date: _____

Commercial General Liability – limit \$ 10 000 000

Property related to the operations home childcare provider - limit \$ 40 000

ANNUAL premium \$ 295.50 *** Premium applicable for 9 children or less***

Business Interruption Insurance – Actual Loss Sustained

Crime 1.0 - Employee Dishonesty Form 111.1e-1

I authorize _____ to discuss my insurance file with Assurances Bernier & Filles and the Regroupement des CPE de la Montérégie.

Please send this form by post, email or fax

Signature: _____ Date: _____