



Hibbs ♦ Hallmark & Company

771 E US 80 Frontage Rd, Unit 216 ♦ Forney, TX 75126

972.564.0934 ♦ 800.765.6767 ♦ Fax 972.564.5738

Child Care Coverage Application

Name of School: _____

Corporation Individual Partnership LLC Other _____

Who owns the business? _____

Who owns the buildings? _____

Effective Date of Insurance: _____ Years in Business: _____

Contact Name: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Years in Business: _____

Number of Children Licensed for: _____ Number of Children Enrolled: _____

Ages of children kept: _____

Hours of Operation: _____ am/pm Until _____ am/pm

General Liability

Please select desired limit: \$1,000,000 \$3,000,000

Sexual Abuse Limit: _____

Current Carrier: _____ Current Premium: _____ Policy #: _____

Property

Building Limit \$ _____ Contents Limit \$ _____ Business Income _____

Year Building was Built _____ Construction of Building _____

Square Footage of Building _____ Playground Equipment \$ _____

Current Carrier _____ Current Premium _____ Policy # _____

Do you have a swimming pool? Yes No Above ground or underground? _____

Do you have a burglar or fire central station alarm? Yes No Installed by? _____

Do you have TV video monitors in rooms? Yes No

Does your building have a sprinkler system? Yes No

Automobile

Please select desired limit:

\$500,000

\$1,000,000

How are the autos titled? _____

Are field trips taken? _____

Current Carrier _____ Current Premium _____ Policy # _____

Year	Make	Vehicle Identification Number	Actual Cash Value	Capacity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Driver Information: One Driver per Vehicle Needed

Name	Date of Birth	Drivers' License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accident Medical

Please select desired limit:

\$25,000

\$250,000

Current Carrier: _____ Current Premium: _____ Policy #: _____

Workers' Compensation

Federal ID Number: _____

Current Carrier: _____ Current Premium: _____ Policy #: _____

Payroll

Daycare Instructors \$ _____ # Employees _____

Cook & Driver \$ _____ # Employees _____

Officer's Name	Title	Included or Excluded on Policy?
_____	_____	_____
_____	_____	_____
_____	_____	_____

