



# Hibbs ♦ Hallmark & Company

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## Child Care Insurance Application

Name of School: \_\_\_\_\_

Corporation       Individual       Partnership       LLC       Other \_\_\_\_\_

Entity who owns the business: \_\_\_\_\_ FEIN: \_\_\_\_\_

Entity who owns the building: \_\_\_\_\_ FEIN: \_\_\_\_\_

Effective Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Year Business Started \_\_\_\_\_ Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Licensed Capacity # \_\_\_\_\_ Current Children Enrolled # \_\_\_\_\_ Current Teachers / Employees # \_\_\_\_\_

Ages of Children Kept: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ am/pm Until: \_\_\_\_\_ am/pm

### PROPERTY

Building Limit \$ \_\_\_\_\_ Contents Limit \$ \_\_\_\_\_ Playground Equipment \$ \_\_\_\_\_ Canopy \$ \_\_\_\_\_

Year Built \_\_\_\_\_ Building Construction \_\_\_\_\_ (Frame unless other) Burglar Alarm  Y  N TV Monitors  Y  N

Roof Type:  Asphalt/Shingle  Metal  TPO  \_\_\_\_\_ Sq Ft 1<sup>st</sup> Floor \_\_\_\_\_ Sq Ft 2<sup>nd</sup> Floor \_\_\_\_\_ Sprinklered  Y  N

Any updates to building / year? Roof \_\_\_\_\_ Electrical/Wiring \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_

Playground ground cover:  Wood Chips  Artificial Grass  Pour N Place  Other Artificial Grass \$ \_\_\_\_\_

Splash Pad \$ \_\_\_\_\_ Storage Shed \$ \_\_\_\_\_ Pool  Y  N \$ \_\_\_\_\_

Fence \$ \_\_\_\_\_  Chain Link  Wood  Iron  Other Sign \$ \_\_\_\_\_  Neon  Wood  Brick  Other

Business Income - Estimated Annual Gross Receipts \$ \_\_\_\_\_

### AUTOMOBILE -Need Drivers List with Name, DOB, & DL# of all Drivers

Year	Make/Model	Vehicle Identification Number	\$ Cost New	Seat Capacity #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are the Autos titled in Business Name or to an Individual? \_\_\_\_\_

Are field trips taken and to where? \_\_\_\_\_ Miles? \_\_\_\_\_ How Often? \_\_\_\_\_

### DRIVERS

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

**GENERAL LIABILITY**

Current Occurrence Limit:  \$1,000,000      Current Aggregate Limit:  \$2,000,000     \$3,000,000

Sexual Abuse / Molestation Limit \$ \_\_\_\_\_ Professional Liability Limit \$ \_\_\_\_\_

Do you offer Employee Benefits to your Employees?  YES     NO

**UMBRELLA**

Do you carry an Umbrella Policy currently?  Y  N    Options:  \$1,000,000     \$2,000,000     Other \$ \_\_\_\_\_

**ACCIDENT**     \$250,000

**WORKERS' COMPENSATION**

Teachers Annual Payroll \$ \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Cook/Driver Annual Payroll \$ \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Clerical Annual Payroll \$ \_\_\_\_\_ Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Officer's Name	Title	% Ownership	Included in WC?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**EPLI**

Do you have an EPLI policy or does your current Commercial Insurance Policy have an EPL coverage limit? \_\_\_\_\_

Approximate # of total employees this year? \_\_\_\_\_ last year? \_\_\_\_\_

In last 12 months # of employees voluntarily terminated (quit) \_\_\_\_\_ # involuntarily terminated (fired) \_\_\_\_\_

Current Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Current Premium \$ \_\_\_\_\_

**OTHER / CLAIMS**

Have you had any claims this year or in the previous four years? \_\_\_\_\_ If so, please briefly explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

