



Hibbs ♦ Hallmark & Company

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

972.564.0934 ♦ 800.765.6767 ♦ Fax 972.564.5738

Primrose Insurance Application

Name of School _____

Corporation Individual Partnership LLC Other _____

Who owns the business? _____ FEIN: _____

Who owns the buildings? _____ FEIN: _____

Effective Date of Insurance: _____ Years in Business: _____

Contact Name: _____ Birth Date: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Years in Industry: _____

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

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

PROPERTY

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

Playground Equipment \$ _____ Ground Cover: Wood Chips Artificial Grass Rubber Other

Splash Pad \$ _____ Storage Shed \$ _____ Artificial Grass \$ _____

Fence \$ _____ Sign \$ _____ Year Built _____

Building Construction Wood Stone Brick Metal Other or Special Features _____

Roof Type Asphalt Clay/Stone/Slate Tiles Metal Rubber Other or Special Features _____

Sq Ft of First Floor _____ Sq Ft of Second Floor _____ Equipped with fire sprinkler system? Yes No

Current Carrier _____ Current Premium _____ Policy # _____

Do you have a burglar or fire central station alarm? Yes No Monitored 24/7? Yes No

Do you have TV video monitors in rooms? Yes No

AUTOMOBILE

Please select desired limit:

\$500,000

\$1,000,000

How are the autos titled? _____

To where are field trips taken? _____ How often? _____

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

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

Driver Information

Name	Date of Birth	Drivers' License # / Issuing State
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Teachers / Caregivers \$ _____ # Employees _____

Cook \$ _____ # Employees _____

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

Officer Compensation \$ _____

Umbrella

Do you carry an umbrella policy?

Yes No

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

Other

Have you had any claims in the past three years? If so, please briefly explain.

PLEASE ATTACH A COPY OF YOUR CHILD CARE LICENSE.

Please list all mortgagee and loss payee information (if applicable).

First Mortgagee

Name _____

Street Address _____

City _____ State _____ Zip _____

Loan / Reference # _____

Lien Holder

Name _____

Street Address _____

City _____ State _____ Zip _____

Loan / Reference # _____

Loss Payee

Name _____

Street Address _____

City _____ State _____ Zip _____

Loan / Reference # _____

Second Mortgagee

Name _____

Street Address _____

City _____ State _____ Zip _____

Loan / Reference # _____

Lien Holder

Name _____

Street Address _____

City _____ State _____ Zip _____

Loan / Reference # _____

Loss Payee

Name _____

Street Address _____

City _____ State _____ Zip _____

Loan / Reference # _____