



Hibbs ♦ Hallmark & Company

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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 circle 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 \$ _____

Fence \$ _____ Is the construction: Chain Link Wood Iron

Sign \$ _____ Is the construction: Neon Wood Brick

Current Carrier _____ Current Premium _____ Policy # _____

Do you have a swimming pool? Y N Above ground or underground? _____

Do you have a burglar or fire central station alarm? Y N Installed by? _____

Do you have TV video monitors in rooms? Y N

Does your building have a sprinkler system? Y N

Automobile:

Please circle the 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 circle the desired limit: \$25,000 \$250,000

Current Carrier _____ Current Premium _____ Policy # _____

Workers' Compensation:

Federal ID Number: _____

Current Carrier _____ Current Premium _____ Policy # _____

Payroll

Daycare Instructors \$ _____ # of Employees _____

Cook & Driver \$ _____ # of Employees _____

| Officer's Name | Title | Included or Excluded on Policy? |
|----------------|-------|---------------------------------|
| | | |
| | | |

Umbrella:

Do you carry an umbrella policy?

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 applies)