



Hibbs ♦ Hallmark & Company

9787 Helms Trail, Forney, TX 75126

972 564-0934, Ext 1103, 800 765-6767, Fax 972 564-5738

Samantha.Phillips@hibbshallmark.com

Primrose Insurance Application

Name of School _____

Corporation Individual Partnership LLC Other _____

Who owns the business? _____ FEIN: _____

Who owns the building? _____ FEIN: _____

Effective Date of Insurance _____ - _____ - _____ Years in Business: _____

Contact Name _____ Birthday - -

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 circle 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 1st Floor _____ Sq Ft of 2nd Floor _____ Equipped with fire sprinkler system? Yes No

Current Carrier _____ Current Premium _____ Policy # _____

Do you have a burglar or fire central station alarm? Y N Monitored 24/7?

Do you have TV video monitors in rooms? Y N

Automobile:

Please circle the 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:

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

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

Teachers / Caregivers \$ ----- # of Employees -----

Cook \$ ----- # of Employees -----

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

Officer Compensation \$ -----

Umbrella:

Do you carry an umbrella policy? Y N

Current Carrier _____ Current Premium _____ Policy # _____

Other:

Have you had any claims this year or 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.

1st Mortgagee

Name: _____
Street Address: _____
City, State, Zip: _____
Loan/Reference #: _____

2nd Mortgagee

Name: _____
Street Address: _____
City, State, Zip: _____
Loan/Reference #: _____

Lien Holder

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 #: _____

Loss Payee

Name: _____
Street Address: _____
City, State, Zip: _____
Loan/Reference #: _____