

Hibbs ◆ Hallmark & Company
771 E US Hwy 80 Frontage Rd, Unit 216 ◆ Forney, TX 75126 972.564.0934 ♦ 866.645.6170 ♦ Fax 972.564.5738 ChildCareInsurance@HibbsHallmark.com

Child Care Insurance Application

Name of School_							
☐ Corporation	□ Individual	□ Partnership	□ LLC	☐ Other			
Entity who owns	the business:		F	EIN:			
Entity who owns	the building:			EIN:			
Effective Date:	Year	Business Started:	Telephone:	Mo	bile:		
Contact Name: _			Email Address	3:			
Physical Address	::			County:			
Mailing Address:							
Licensed Capacit	ty #: Currer	nt Children Enrolled #:	Cur	rent Teachers/Emplo	yees #:		
Ages of Children	Kept:	Hours of Operation:	am/	pm Until:	am/pm		
PROPERTY Building Limit \$ _	Conten	ts Limit \$	Playground Equip	oment \$	Canopy\$		
Year Built	Building Construction	n (Frame un	less other) Bu	rglar Alarm □ Y □	N TV Monitors □ Y □ N		
Roof Type: ☐ As	sphalt/Shingle □ Metal □	TPO 🗆 Sq Ft	1 st Floor	Sq Ft 2 nd Floor	Sprinklered □ Y □ N		
Any updates to be	uilding/year? Roof	Electrical Wirin	g Plur	mbing	Heating		
Playground grour	nd cover: Wood Chips	☐ Artificial Grass ☐ Poo	ur N Place □ Oth	er □ Artificial Grass	s \$		
Splash Pad \$		Storage Shed \$		_ Pool □YI	¬N\$		
Fence \$	□ Chain Link □	Wood ☐ Iron ☐ Other	Sign \$	□ Neon □ Wo	ood □ Brick □ Other		
Business Income	– Estimated Annual Gros	ss Receipts \$					
AUTOMOBILE (F	Provide list of drivers with	name, DOB, and DL of all	drivers)				
Year	Make/Model	Vehicle Identification	Number	\$ Cost New	Seat Capacity #		
Are the autos title	ed in Business Name or to	an Individual?					
Are field trips take	en and to where?		Miles?	How Of	ten?		
DRIVERS							
	Name	Da	Date of Birth		Drivers' License #		

GENERAL LIABILITY Current Occurrence Limit:	□ \$1,000,000	Current Aggregate	Limit: □ \$2,	000,000 □	\$3,000,00)0		
Sexual Abuse/Molestation Limit	t \$	Professional Liability Limit \$						
Do you offer Employee Benefits		☐ Yes ☐ No						
UMBRELLA Do you carry an Umbrella Polic	y currently? □ Y □ N	Options: □ \$1,000,000	□ \$2,000,000	□ Other \$				
ACCIDENT □ \$250,000								
WORKERS' COMPENSATION Teachers Annual Payroll \$		Number of Employees: F	Part Tim	Part Time				
Cook/Driver Annual Payroll \$ _		Number of Employees: Full Time		Part Time				
Clerical Annual Payroll \$		Number of Employees: Full Time		Part Tim	e			
Officer's Name		Title	% Ownership		Included	l in WC		
					ПΥ	1		
					ПΥ	1		
					ПΥ	– 1		
EPLI Do you have an EPLI policy or	does your current Comme	ercial Insurance Policy have	e an EPLI coverage li	mit?				
Approximate # of total employe	es this year?		Last year?					
In last 12 months # of employed	es voluntarily terminated (uit) # involuntarily terminated (fired)						
Current Carrier	Policy #	Current Premium \$						
OTHER/CLAIMS Have you had any claims this y	ear or in the previous foul	years?						
If so, briefly explain:								

Save and email completed application to: childcareinsurance@hibbshallmark.com

If you have any further questions, please contact our office or toll-free number below.



www.hibbshallmark.com ♦ www.heartlandsig.com 972.564.0934 ♦ 866.645.6170