



# 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 # \_\_\_\_\_

