



Dallas
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ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Sections GL Property Umbrella

Name of Applicant: _____ Mailing Address _____
DBA: _____ City/State/Zip: _____
Insured Contact: _____ Location Address: _____
Phone: _____ City/State/Zip: _____
Years in Business: _____ Effective Date: _____
Form of Business: Individual Partnership Corporation NonProfit Organization
Where is the business located? Commercial building Private residence Other _____
Any losses in the past 5 years. None or Details _____
Hours of operation _____ Number of days open per week _____
If you have a website, include your website address: _____
Prior Carrier: _____ Expiration Date: _____

Commercial General Liability

1. Limits of Liability Requested:
General Liability: 100/100 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil 1Mil/2Mil 1Mil/3Mil
Molestation & Abuse 25/50 100/100 100/300 300/300 300/600 500/500 500/1Mil 1Mil/1Mil

2. Morning Enrollment (If over 150, submit to Home Office) Afternoon Enrollment

3. Complete the child/staff ratio's below including your own children you are providing care.

Number children up to 1 yr. old _____	# staff _____	Number children 6-12 yrs. old _____	# staff _____
Number children 2-3 yrs. old _____	# staff _____	Number children over 13 yrs. old _____	# staff _____
Number children 4-5 yrs. old _____	# staff _____		

4. Are the above student/staff ratios within state requirements. Yes No

5. Are you: Licensed Registered Certified Exempt Other _____

6. License Capacity _____

7. Are you receiving State/Public funds? Yes No If yes, for what? _____

8. Defense Reimbursement Coverage Yes No

9. For building owners only:
Number of Apartments units _____
Square foot rented to others (other than apartments) _____ sq. ft. Occupancy _____

10. Number of wading pools _____ Number of swimming pools _____
a. If there is a swimming pool do all the following apply. No diving board, No sliding board, 4ft or higher fence with self locking gate and a red cross or similarly qualified lifeguard is required at all times during swimming activities. Yes No

11. Do you care for physically or mentally challenged children or children with special needs? Yes No
a. If Yes, Age of each _____
b. Describe affliction/needs _____
c. List medication taken _____
d. Medications given by center _____
e. Describe and procedures, if any, to ensure the safety of all children _____
f. Describe training or experience _____
g. Describe specific care provided for each child _____

12. Do any of the following exposures exist? (If Submit, send details to your Home Office underwriter)

	Eligible	Submit	Prohibited
Are kitchen facilities / heating appliances located in area physically separated from children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Any Animals/Pets other than dogs or cats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is this a 24 hr. operations or overnight care? If yes, Complete Nighttime Supplement	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is the outside play area fenced?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Any trampolines or gymnastic equipment?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Any employed or contracted physicians or nurses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is applicant licensed if required by the state?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Are there two or more means of egress form the building?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Has there been a suspension or revocation of certificate or license?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Any alleged or actual incidents regarding child molestation or abuse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are background checks done on all potential employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Submit details _____			

13. Does the applicant have a dog or cat? Yes No
 (List dog Breed _____)
14. Does the facility provide drop in care? If yes, Complete supplement Yes No
15. Any off-premises trips taken? Yes No
 If yes, 1-12 per year 13-25 per year 26-52 per year Over 52 provide details _____
16. Are any trips taken to swimming pools? Yes No If yes, Number _____
17. Are permission slips signed by parent/guardian for all trip off premises? Yes No
18. Is an Accident and Health policy for the children in force? Yes No
 If Yes, Advise limits \$2000 \$3,000 \$5000 \$10,000 Other _____
19. List any additional insureds and their interest: _____
20. Are there any extra curriculum classes: None Gymnastics Dance Karate Swimming Team Sport
 Other _____

Hired / Non-owned Liability Coverage - Eligible Questions:

- | | Eligible
(for Hired/Non-owned) | Prohibited
(for Hired/Non-owned) |
|---|-----------------------------------|-------------------------------------|
| 1. Does applicant currently have a Commercial Auto Policy? | No | Yes |
| 2. Does applicant transport children themselves or via contract service | No | Yes |
| 3. Are employees permitted to use their own vehicles to transport children? | No | Yes |
| Nonowned Auto Liability | | Hired/Nonowned Auto Liability |

Commercial Property:

1. Is property prohibited in our Coastal Guidelines? (If Yes, decline property) Yes No
 Cause of loss Basic Special Special excluding theft
 Property deductible 500 1,000 2,500 5,000 Other _____
2. Building Construction _____ Protection Class _____ Area _____ Sq. Ft.
 Building Age _____ Year of update to: roof _____ Heating _____ Plumbing _____ Electric _____
3. Is all electric connected to Circuit Breakers? Yes No Any aluminum wiring? Yes No
4. Coverage Desired: **Limit** **Building & Business Personal Property**
 Building (No residential bldgs.) _____ RC ACV **Coinsurance** 80 90 100
 Bus. Personal Property _____ RC ACV
 Business Income _____ 50 60 70 80 90 100 125 or 1/3 1/4 1/6
 Submit if Total Limits over \$500,000 PC 1-8 or \$200,000 PC 9-10.
5. Value Plus Endorsement - Yes No
 16 property coverage enhancements, includes Glass, Money & Securities, Employee Dishonesty, Electronic Data Processing Coverage, and More.
 Employee Dishonesty 5,000 10,000 25,000 50,000 100,000
 Money & Securities 1,000 2,000 5,000
6. Are there working smoke detectors on the premises? Yes No
7. List any loss payees or mortgagees to be added. _____

Commercial Umbrella - Home Office Submit

- Desired Limits: _____ *
1. Auto Liability Carrier _____ Employer Liability Carrier _____
 Policy Limits** _____ Policy Limits*** _____
 Policy Eff. Date _____ Policy Eff. Date _____
 Policy Premium (Liability only) \$ _____
 Vehicle Schedule: (Number & type) _____
2. Have there been any losses greater than \$10,000 in the past 5 years ? Yes No If yes, give details: _____

***Molestation is excluded in the Umbrella**

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violations.

If the applicant is located in the State of New York, the State of New York requires that we have the Name and Address of your (Insured's) Authorized Agent or Broker.
 Name of Authorized Agent or Broker. _____
 Address. _____
 Mail Completed Application
 Through Local Agent or Broker to: _____

****Auto Liability- limit must be at least \$1,000,000 ***Employers Liability limit must be at least \$500/\$500/\$500**

Signature _____ (Owner or Officer)
 Title _____ Date _____