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SCHOOL APPLICATION

DESCRIPTION OF OPERATIONS BY PREMISE(S)

SCHEDULE OF HAZARDS

Location #	Classification	Class Code	Premium Basis	Terr

GENERAL INFORMATION

Explain all "YES" answers						YES NO
1. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?						<input type="checkbox"/> <input type="checkbox"/>
2. Number of school buildings						
Building	Age	Construction	Stories	Smoke Alarms <input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinklered <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Are there dorm facilities or overnight accommodations?						<input type="checkbox"/> <input type="checkbox"/>
3. Total number of teachers: _____						

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Explain all "YES answers	YES	NO	
3a. How many teachers are employed? _____ Volunteers? _____			
4. Describe the activities of any volunteers			
5. Average Daily Attendance (average number of students in attendance): Grades: 1 - 6 _____ 7 - 8 _____ 9 - 12 _____			
6. Does the school specialize in gymnastics, martial arts, boxing, wrestling or any other contact sport?		<input type="checkbox"/> <input type="checkbox"/>	
7. List all sports activities and events and the number of participants in each:			
Sport	Number of Participants	Sport	Number of Participants
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
7a. Describe activities			
8. Number of spectators held by stadiums: _____			
8a. Number of spectators held by gymnasiums: _____			
8b. Construction of seating or bleachers: _____			
8c. Is stadium leased out?		<input type="checkbox"/>	<input type="checkbox"/>
If so describe _____			
9. Is there a swimming pool?		<input type="checkbox"/>	<input type="checkbox"/>
Diving board?		<input type="checkbox"/>	<input type="checkbox"/>
Slide?		<input type="checkbox"/>	<input type="checkbox"/>
Is it complete fenced with self locking gate?		<input type="checkbox"/>	<input type="checkbox"/>



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Explain all "YES answers"	YES	NO
18. Are field trips conducted? If yes, describe transportation, location, supervision, frequency and average number of students per outing:	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the school operate any food service operations? If yes, describe the operations fully:	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the school operate a student health center/infirmarary/clinic? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the school have security guards? 21a. Number of Officers: Employed: Subcontracted: Armed: _____ _____ Unarmed: _____ _____ 21b. If subcontracted, are certificates required?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the school operate a newspaper, TV, or radio station? If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
23. Does the school have any fairs / carnivals?	<input type="checkbox"/>	<input type="checkbox"/>
Remarks:		

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**