



Dallas
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F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

1. Name of Applicant: _____ Date: _____
2. If you have a website, include website address: _____
E-Mail Address: _____
3. Inspection contact name: _____ Phone Number: _____
4. Type of school: _____ School Accreditation _____
5. Description of School Activities: _____
6. Annual Sales: _____ Total Sq. Ft. _____ Annual No. Students _____ Ave. Class Size _____
7. Number of off premises events _____ Event type/ #days / # attending for each _____

8. Any Competition against other schools? Yes No
If yes, what _____
9. Hours of Operation: _____
10. Does the school operate: All year or details _____
11. Is there a gymnasium? Yes No
12. Is there an auditorium/stage? Yes No
If yes, maximum occupancy _____
13. Does the applicant require all participants/guardians to sign a waiver of liability/release of liability as a condition of participation? Yes No
14. Total number of Teachers _____ Total Number of Employees _____ Number of Volunteers _____
Education requirement for teachers _____
15. Are background and criminal checks completed on all staff? Yes No
16. Are services offered for students who are learning disabled or physically or mentally challenged? Yes No
If yes, details _____
17. Child Care on premises: Yes No
If yes, max. number of children _____
18. List merchandise sold: None Details _____
19. Are facilities loaned or rented to others? Yes No
If yes, for what? _____
20. Any temporary or permanent grandstands or bleachers? Yes No
If yes, max. capacity? _____
21. Is there a playground on premises? None
 Swings Slides Monkey Bars Pool Baseball field Football field
 Soccer field Basketball Courts Other _____

22. What is the surface under all playground equipment? _____
23. Details of any claims in the last 5 years _____

General Questions:

- | | | |
|---|------------------------------|-----------------------------|
| | Prohibited | Eligible |
| 24. Any prior tax liens, bankruptcy or felony conviction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Does the risk have armed security guards or firearms on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Is there ever a carnival or fair sponsored or operated on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Any Karate, Martial arts or Gymnastic activity, instruction or equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Property Questions:

- | | | |
|---|------------------------------|------------------------------|
| 28. Is all electrical wiring on circuit breakers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 29. Are there fuses or any aluminum wiring on the premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Are there functional smoke detectors in all units or occupancies? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

31. Building Age _____ Protection class _____ Total area _____ sq. ft. Parking area Sq. Ft _____

32. Protective devices: (check all that apply)

<input type="checkbox"/> Smoke detectors	<input type="checkbox"/> Local alarm	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Video surveillance	<input type="checkbox"/> Sprinkler system covering 100% of premise	
<input type="checkbox"/> Central station burglar alarm	<input type="checkbox"/> Central station fire alarm	<input type="checkbox"/> Partial Sprinkler System _____%

FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH THE 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 MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND/OR CIVIL PENALTIES AND OTHER SANCTIONS.

APPLICANT'S WARRANTY STATEMENT: THE UNDERSIGNED REPRESENTS TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF THE PARTICULARS AND STATEMENTS SET FORTH ARE TRUE AND AGREE THAT THOSE PARTICULARS AND STATEMENTS ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE COMPANY. THE UNDERSIGNED FURTHER DECLARES THAT ANY CLAIM, INCIDENT OR EVENT TAKING PLACE PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR WHICH MAY RENDER INACCURATE, UNTRUE, OR INCOMPLETE ANY STATEMENT MADE WILL IMMEDIATELY BE REPORTED IN WRITING TO THE COMPANY AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. THE SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THE INSURANCE, NOR DOES THE REVIEW OF THE APPLICATION BIND THE COMPANY TO ISSUE A POLICY. IT IS UNDERSTOOD THE COMPANY IS RELYING ON THE APPLICATION IN THE EVENT THE POLICY IS ISSUED. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

VIRGINIA NOTICE: STATEMENTS IN THE APPLICATION SHALL BE DEEMED THE INSURED'S REPRESENTATIONS. A STATEMENT MADE IN THE APPLICATION OR IN ANY AFFIDAVIT MADE BEFORE OR AFTER A LOSS UNDER THE POLICY WILL BE DEEMED MATERIAL OR INVALIDATE COVERAGE UNLESS IT IS CLEARLY PROVEN THAT SUCH STATEMENT WAS MATERIAL TO THE RISK WHEN ASSUMED AND WAS UNTRUE.

MINNESOTA NOTICE: THE CLAUSE "AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE" IS REPLACED WITH "AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE MAY BE WITHDRAWN OR MODIFIED BASED ON CHANGES TO THE INFORMATION CONTAINED IN THIS APPLICATION PRIOR TO THE EFFECTIVE DATE OF THE INSURANCE APPLIED FOR THAT MAY RENDER INACCURATE, UNTRUE OR INCOMPLETE ANY STATEMENT MADE WITH THE MINIMUM OF 10 DAYS NOTICE GIVEN TO THE INSURED PRIOR TO THE EFFECTIVE DATE OF CANCELLATION WHEN THE CONTRACT HAS BEEN IN EFFECT FOR LESS THAN 90 DAYS OR IS BEING CANCELED FOR NON PAYMENT OF PREMIUM."

APPLICANT'S SIGNATURE _____ DATE _____
(Owner or Officer)

BROKER'S SIGNATURE _____ DATE _____

ADDRESS _____

IF YOUR STATE 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:
