For building owners only:

Submit details

Sections

Name of Applicant:

Dallas P: (972) 789-1962 **F**: (972) 789-1967

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

hullandco-texas.com

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT. GL **Property** Umbrella Mailing Address

DBA:			City/State/Zip:						
nsured Contact:			Location Address:						
Phone:									
Years in Business:			Effective Date:						
Form of Business:				ion					
Where is the business located?	Comm	ercial building	Private residence	Other					
Any losses in the past 5 years. Hours of operation f you have a website, include y		Numbe	er of days open per week	<u> </u>					
Prior Carrier:			xpieration Date:						
Commercial General Liability									
1. Limits of Liability Requeste	ed:								
General Liability: 100/1	00 100/300	300/300 300/600	500/500 500/11	Mil 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, s	submit to Home Office)	Afternoon Enrollment						
3. Complete the child/staff rat	io's below including	your own children you	are providing care.						
Number children up to 1 y	vr. old	# staff	Number children 6-12 y	# staff					
Number children 2-3 yrs.					# staff				
Number children 4-5 yrs.		# staff							

4.	Are the above student/staff ratios within state	requirements.	Yes	No		
	Number children 4-5 yrs. old	# staff				
	Number children 2-3 yrs. old	# staff	Number	children over 13 yrs. old	_ # staff	
	Number children up to 1 yr. old	# staff	Number	children 6-12 yrs. old	_ # staff	

- Other _____ Registered 5. Are you: Licensed Certified Exempt 6. License Capacity
- Are you receiving State/Public funds? 7. Yes Nο If yes, for what? Defense Reimbursement Coverage Yes No
- Number of Apartments units Square foot rented to others (other than apartments) Occupancy _____

Number of swimming pools_ 10. Number of wading pools 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 List medication taken C.
 - Medications given by center _____ d.
 - Describe and procedures, if any, to ensure the safety of all children e. f. Describe training or experience_
 - 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? Yes No Any Animals/Pets other than dogs or cats? No Yes Is this a 24 hr. operations or overnight care? If yes, Complete Nighttime Supplement No Yes Is the outside play area fenced? Yes No Any trampolines or gymnastic equipment? No Yes Any employed or contracted physicians or nurses? No Yes Is applicant licensed if required by the state? Yes No Are there two or more means of egress form the building? Yes No Has there been a suspension or revocation of certificate or license? No Yes Any alleged or actual incidents regarding child molestation or abuse? No Yes Are background checks done on all potential employees? Yes No

(List dog Breed 4 Does the facility provided to the facility pr									Yes	☐ No
4 Does the facility provide)							
F A	de drop in care?	If yes, Complet	te supplement						Yes	☐ No
Any off-premises trips	taken?								Y es	☐ No
If yes, ☐ 1-12 per y	rear 🔲 13-2	25 per year	☐ 26-52 per y	/ear □ 0	Over 52 pr	ovide details	3			
6. Are any trips taken to	swimming pools	? 🔲 Yes	☐ No	If yes, N	lumber					
Are permission slips s	igned by parent/	guardian for all	trip off premis	es? 🔲 \	⁄es	☐ No				
Is an Accident and He	alth policy for th	e children in for	ce?						Y es	☐ No
If Yes, Advise limits	□ \$2000	□ \$3,000	□ \$5	5000	□ \$10,0	00	☐ Othe	er		
9. List any additional insi	ureds and their i	nterest:								
0. Are there any extra cu	ırriculum classes	s: 🗆 None 🕒	Gymnastics	□ Dance	□ Kara	ate 🖵 Sw	imming	□ Team	Sport	
Other										
lired / Non-owned Liabil	ity Coverage -	Eligible Quest	ions:			Elig	ilble		Prohil	
						(for Hired/l				on-owned
. Does applicant curren							No		☐ Yes	
 Does applicant transp Are employees permit 							No No		☐ Yes ☐ Yes	
 Are employees permit Nonowned Auto Liability 			-	II CII ?			INO		u res	
•	у 🖵 піі	ed/Nonowned P	Auto Liability							
Commercial Property:	: Ot-1 O						1-			
. Is property prohibited						-	10			
Cause of loss			pecial	□ 5,0						
Property deductible	4 500									O =
. Building Construction										
Building Age				Heating					IC	
Is all electric connecte	ed to Circuit Brea		s 📙 No	Any alur		-				
. Coverage Desired:						Building &			_	-
Building (No residentia					V (Coinsuranc	9	80 9	0	100
Bus. Personal Proper	ty		D R	C □ AC	V					
Business Income			50	60 70	80 9	90 100	125	or 1/3	1/4	4 1/6
Submit if Total Limits	over \$500,000 P	C 1-8 or \$200,0	000 PC 9-10.							
. Value Plus Endorseme	ent -		ı	□ Yes	□ No)				
16 property coverage e	nhancements, inc	cludes Glass, Mo	onev & Securitie	es, Employee	Dishonesty	, Electronic	Data Pro	cessing Cov	erage.	and More
			,	, ,		, ,		0	0 /	
Employee Dishonesty	山 5.000	□ 10.000) 🗆 25	5.000	50.000	1	00.000			
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