



**Dallas**  
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**Houston**  
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**hullandco-texas.com**

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**

- 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
- Morning Enrollment (If over 150, submit to Home Office) Afternoon Enrollment
- 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 _____		

- Are the above student/staff ratios within state requirements. Yes No
- Are you: Licensed Registered Certified Exempt Other \_\_\_\_\_
- License Capacity \_\_\_\_\_
- Are you receiving State/Public funds? Yes No If yes, for what? \_\_\_\_\_
- Defense Reimbursement Coverage Yes No
- For building owners only:  
Number of Apartments units \_\_\_\_\_  
Square foot rented to others (other than apartments) \_\_\_\_\_ sq. ft. Occupancy \_\_\_\_\_
- 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
- 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)	<b>Eligible</b>	<b>Submit</b>	<b>Prohibited</b>
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	
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:**

- |   | <b>Eligible<br/>(for Hired/Non-owned)</b> | <b>Prohibited<br/>(for Hired/Non-owned)</b> |
|---|---|---|
| 1. Does applicant currently have a Commercial Auto Policy?  | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                |
| 2. Does applicant transport children themselves or via contract service                                 | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                |
| 3. Are employees permitted to use their own vehicles to transport children?                             | <input type="checkbox"/> No               | <input type="checkbox"/> Yes                |
| <input type="checkbox"/> Nonowned Auto Liability <input type="checkbox"/> 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 \_\_\_\_\_