



## GENERAL INFORMATION

Name of School: \_\_\_\_\_

Corporation      Individual      Partnership      LLC      Other: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Effective Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Owner's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_      Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_      Years in Business: \_\_\_\_\_

## GENERAL LIABILITY

Please circle desired limit:      \$1,000,000      \$3,000,000

Licensed Capacity: \_\_\_\_\_      Enrolled: \_\_\_\_\_

## PROPERTY

Budget Limit: \$ \_\_\_\_\_      Content: \$ \_\_\_\_\_

Business Income: \$ \_\_\_\_\_      Year Built: \_\_\_\_\_

Construction Type: \_\_\_\_\_      Square Footage of Building: \_\_\_\_\_

Playground Equipment: \$ \_\_\_\_\_      Fence: \$ \_\_\_\_\_      Signs: \$ \_\_\_\_\_

Swimming pool? Y / N      Above or Below Ground? \_\_\_\_\_

Burglar or Central Station Alarm? Y / N      Installed By: \_\_\_\_\_

Do You Have TV Video Monitors in Rooms?      Y / N

Does Your Building Have a Sprinkler System?      Y / N      100% ?

**AUTOMOBILE**

Please circle desired limits:      \$500,000                      \$1,000,000

Year	Make	Vehicle Identification #	Actual Cash Value	Capacity
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**WORKERS COMPENSATION**

Federal ID Number: \_\_\_\_\_

Payroll:  
Child Care Instructors    \$ \_\_\_\_\_                      # of Employees \_\_\_\_\_

Cooks & Drivers            \$ \_\_\_\_\_                      # of Employees \_\_\_\_\_

Officer's Name	Title	Included or Excluded on Policy?
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**UMBRELLA**

Do you carry an Umbrella policy?      Y / N

**OTHER**

Have you had any claims in the past three years? If so, please briefly explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_