



My School Insurance	Toll Free:
P.O. Box 7518	877-766-7518
Surprise, AZ 85374	Fax: 866-654-6442



Named Insured _____ Phone _____

Location _____ **Building#** _____ FEIN _____

Address _____ City _____ State _____ Zip _____

Building: SQ Ft. _____ Year Built _____ Construction Type _____

Replacement Cost _____ Contents _____ Annual Revenue _____

Year of building updates: Roof _____ Electric _____ Plumbing _____ Heating A/C _____ Other _____

Replacement Cost: Shade Canopy _____ Playground Equipment _____

Number of employees _____ Licensed Capacity _____ Number of Enrolled Children _____

Type of Surrounding Properties: Right _____ Left _____ Rear _____

Building Ownership: Owned _____ Building Owner Name _____

Leased _____ Address _____

City _____ State _____ Zip _____

Location _____ **Building#** _____ FEIN _____

Address _____ City _____ State _____ Zip _____

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