



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



Named Insured \_\_\_\_\_ FEIN \_\_\_\_\_

DBA \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Corporate Entity Type: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Non-Profit \_\_\_\_\_ Corporation \_\_\_\_\_

What is your daily attendance by age group?

6 Weeks-1 Year: \_\_\_\_\_ 1-2 year olds: \_\_\_\_\_ 3-4 Year Olds: \_\_\_\_\_ School Age: \_\_\_\_\_

Number of employees \_\_\_\_\_ Licensed Capacity \_\_\_\_\_ Number of Enrolled Children \_\_\_\_\_

Hours of operation \_\_\_\_\_ to \_\_\_\_\_ Days per week \_\_\_\_\_

**Policy Effective Date** \_\_\_\_\_ **Insurance Company** \_\_\_\_\_

During the last 5 years have you had any:

Auto Claims: **Y N**      Building/Property Claims: **Y N**      Law Suits Filed Against You: **Y N**

**Number of locations you operate:** \_\_\_\_\_ **Total # of Buildings:** \_\_\_\_\_

**Location** \_\_\_\_\_ **Building #** \_\_\_\_\_

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 \_\_\_\_\_

Type of Surrounding Properties: Right \_\_\_\_\_      Left \_\_\_\_\_      Rear \_\_\_\_\_

Building Ownership:      Owned \_\_\_\_\_      Building Owner Name \_\_\_\_\_

Leased \_\_\_\_\_      Address \_\_\_\_\_

City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_