

Montessori Application



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 _____

Montessori School Type: Private _____ Charter _____ Other _____ Non-Profit _____ Is preschool offered **Y N**

Affiliation: American Montessori Society _____ Association Montessori Internationale _____

Number of Staff Certified by: AMS _____ AMI _____

What is your daily attendance by grade? Pre-K: _____

K-3: _____ 4th-6th: _____ 7th & 8th: _____ 9th-12th: _____

Number of licensed teachers _____ Counselors _____ Administration _____ Volunteers _____

School Year: Start _____ End _____ Summer Session _____

Do you offer sports other than Physical Education _____

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 _____