19111 N. Dallas Parkway, Suite 250, Dallas, TX 75287
800-620-9314 * Fax 800-224-7145

Pregnancy Center Renewal Application

Insured Name: ____ **Eff Date:** _____________

Website: _______________________**Address:** ____

City/St: ______________________________ **Zip:** ___________

Contact Person: ______________________**Tel #:** ___________ **email:** ____________________

Insurance Agency

Agency Name:___________________________________ **City/State:**______________________

Contact Person:_______________________ **Tel #:**____________ **Email:**__________________

General Information

1) Total # of Employees__________ **Total # of Volunteers**__________

2) Annual Revenue___________

3) Professional Services Offered:

- ☐ Pregnancy Testing (other than self administered urine)
- ☐ Ultrasound/Sonogram to Determine Pregnancy
- ☐ Ultrasound – Medical Diagnosis – Specify Diagnosis:__________________________
- ☐ Medical Professional Diagnosis – Specify Diagnosis:___________________________
- ☐ Adoption Services
- ☐ RU486 Reversal / Abortion Reversal
- ☐ Other:____
- ☐ None of the above- Counseling only (incl materials asst, referral svs, parenting classes, etc.)

Property

1) Location: Add ☐ Change ☐ N/A ☐
Address:____________________________________City/St:______________Zip:_____
Occupancy/Use (office, retail store, home… etc.) ____________________

A) Year built: ________ # of Stories:_____ Construction Type:________________

B) Sq. Ft. ________ Burglar Alarm? Yes☐ No☐ Sprinkler System? Yes☐ No☐

C) Do you own the building? Yes☐ No☐

i) Building Value: $______________ N/A ☐ (if you do not own the building, this is only applicable if you are required to insure the building for the building owner)

ii) Contents Value: $______________ (include on premise sonograms)

iii) Sonogram Value: $______________(only sonograms that leave the premises)

Maternity/Baby Store/Thrift Store N/A ☐

1) Annual Sales:_______________

Hired/Non-Owned Auto N/A ☐

1) Do you hire vehicles? Yes ☐ No ☐ If yes, what types?________________
a) Annual # of vehicles hired:______________ Annual cost of hire________________

2) How many employees/volunteers driver personal vehicles for business use:
a) Regularly:______________ Occasionally:______________

Residential Facilities N/A ☐

2) # of Pregnant Women housed:__________
3) Number of beds available: _________ Number of Units:_________

Professional Liability N/A ☐

Title	Employees		Volunteers
	F/T	P/T	
Peer Counselors			
Medical Directors			
Nurse LPN			
Nurse Practitioner			
Nurse RN			
Sonographer			
Physician Asst/Paramedic/EMT			
Physicians(other than Medical Director)			
TOTAL			

Changes

1) Please describe any changes in your operations (eg. Programs administered, services provided, etc.) in the past 12 months: ____
____

2) I have reviewed the expiring policy and subsequent endorsements, if any.

Please QUOTE per expiring policy: Yes ☐ No ☐

3) I have reviewed the expiring policy and subsequent endorsements, if any.
Please QUOTE with the following changes: ____
____

Losses

1) Have you had any losses in the past 12 months? Yes ☐ No ☐
If yes, please describe____
____

____________________________ Date________ / ____________________________ Date________
(Insured's Signature) (Agent's Signature)