Texas Specialty Underwriters, Inc.
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ARTISAN CONTRACTOR'S - COMMERCIAL GENERAL LIABILITY APPLICATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Applicant is: [ ] Individual [ ] Partnership [ ] LLC [ ] Corporation [ ] Other _____

4. Policy Period: From: _____ To: _____

5. Location Address: _____

6. Fully Describe Applicant's Operations: _____

_____

7. Describe Special Equipment Used: _____

8. Full Time Staff #_____ Full Time Payroll: $_____ Gross Receipts: $_____

9. Part Time Staff #_____ Part Time Payroll: $_____ Owner's Payroll: $_____

I 0. Percentage of work subcontracted: _____% Cost: $_____ Are Certificates Required: [ ] Yes [I No

I 1. Operations out of state? _____ Describe: _____

12. Years in business: _____ Prior Years experience in this kind of work: _____

13. Prior Carrier Information:

Year	Company	Premium	Incurred Losses	No. of Losses	Policy Number

14. Description of Operation and Classification.

Description of Operation	Classification and Code #	Risk Size	Premium
		Owners _____ Full Time _____ Part Time _____	

Part time employees, are those working less than 20 hours a week, and are rated at 1/2 of the Full Time Rate:

15. Limit of Liability:

[ ] $100,000 [ ] $300,000 [ ] $500,000 [ ] $1,000,000 [ ] Other _____

Applicant: _____ Date: _____

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