



Texas Specialty Underwriters, Inc.
 510 Turtle Cove Blvd., Suite 200
 Rockwall, Texas 75087
 Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

CONTRACTORS EQUIPMENT RENTAL GENERAL LIABILITY APPLICATION

Name of Applicant: _____

Mailing Address: _____

Location: _____

Applicant is: Individual Partnership Corporation Other

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Damage To Premises Rented To You	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

1. How long has applicant been in business? _____ Yrs. How many years experience? _____ Yrs.
2. Estimated annual (A) Payroll \$ _____ (B) Gross receipts \$ _____
3. Number of employees _____ Does applicant lease employees? Yes No
 Does applicant have Workers' Compensation coverage in force? Yes No
4. Any work subcontracted? Yes No If yes, give details: _____
 Cost of subcontractors \$ _____
5. List equipment being rented (include maximum boom length for cranes): _____

6. Describe work being done: _____

7. Is all equipment rented with operator? Yes No If any equipment is rented without operator, a copy of the contract is required.
8. Does applicant have a contractors license? Yes No If yes, state type of license: _____
9. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines?
 Yes No Explain: _____
10. Is all self-propelled mobile equipment transported to job site on trailers? Yes No Explain: _____
11. Is shoring is required on a job, does applicant employ OSHA -approved equipment and techniques? Yes No
 Explain: _____

12. Does applicant hold other persons' property for service, storage or repair? Yes No
 Explain: _____
13. If renting a water truck, is the vehicle licensed? Yes No If yes, give name of auto insurance carrier and limits of liability: _____
14. Any removal of underground fuel tanks? Yes No
 Any work on hillsides or slopes? Yes No
 Any oilfield work? Yes No
 Does the applicant use explosives? Yes No
15. During the past three years, has any company cancelled, declined or refused to issue similar insurance to the applicant?
 Yes No If yes, explain: _____

Previous Insurer, Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class Code	Premium Basis. (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (f) Other	Terr.	Rate*		Premium	
					Prem/Ops	Products	Prem/Ops	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S SIGNATURE _____ Date _____
 Name and Phone Number of individual to contact for inspection/audit: _____

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE,