



**Texas Specialty Underwriters, Inc.**

510 Turtle Cove Blvd., Suite 200  
 Rockwall, Texas 75087

Voice (972) 771-5653 Fax (972) 722-5392 Tx Only (800) 442-7050

**Contractor's and Developers GL Appl EVTSU**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No. \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

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

**PLEASE ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"**

**APPLICANT PREMISES/OPERATIONS INFORMATION**

1. Describe all business operations conducted by applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Premises information (attach schedule if necessary):

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

3. Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (Specify): \_\_\_\_\_

4. Inspection/Audit:

Inspection (contact and phone): \_\_\_\_\_

Accounting Records (contact and phone): \_\_\_\_\_

5. Management:

Number of years in operation: \_\_\_\_\_ If new operation, number of years related experience: \_\_\_\_\_

GENERAL INFORMATION (Explain all "yes" responses.)			
	Yes	No	
1. Exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	9. Machinery/equipment loaned/rented to others?
2. Exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	10. Swimming pool on premises?
3. Exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any parking facilities owned/rented?
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	12. Fee charged for parking?
5. Sporting/social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does insured subcontract work?
6. Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>	14. Certificates of Insurance required from all subcontractors?
7. Any operations sold, acquired, or discontinued in last five years?	<input type="checkbox"/>	<input type="checkbox"/>	15. Any demolition exposure contemplated?
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	16. Any structural alterations contemplated?
			17. Recreational facilities provided?
			18. Any policy or coverage declined, cancelled or nonrenewed during last three years?

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY-FIVE YEAR PERIOD				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

# SUPPLEMENTAL

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

<b>TRANSITION</b>
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1. Has this risk or any location not qualified for transition?     Yes     No

2. If this risk qualifies for transition, indicate year it first qualified: \_\_\_\_\_

Loc. No.	New Class. Code	Previous Basis	Previous Exposure	Applicable Coverage (Premises or Products)

This application does not bind YOU nor US 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Time in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Licensed?  YES  NO

Year of license: \_\_\_\_\_ License #: \_\_\_\_\_ Kind of License: \_\_\_\_\_

Percentage of Operations: General Contractor \_\_\_\_\_% Developer \_\_\_\_\_%  
 Subcontractor \_\_\_\_\_% With Penalty Clause \_\_\_\_\_%  
 Construction Manager \_\_\_\_\_% (for a fee only)

1. Are there any other operations owned, operated, or managed by you?  YES  NO  
 Please explain: \_\_\_\_\_

2. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control?  YES  NO  
 Please explain: \_\_\_\_\_

3. Radius of operations from main location: \_\_\_\_\_ States worked in: \_\_\_\_\_

4. Payroll of owners, officer, and partners active at job sites or performing supervisory duties? # of owners, officers, partners \_\_\_\_\_ \$ \_\_\_\_\_  
 Payroll of employees other than owners, officers, partners, and clerical \$ \_\_\_\_\_  
 Cost of leased, temporary, staffing service, casual labor (if not included above) \$ \_\_\_\_\_  
 Total payroll \$ \_\_\_\_\_

5. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers?  YES  NO

6. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies?  YES  NO  
 Explain: \_\_\_\_\_

7. **List the percentage of work you have done or plan to do in the following categories:**

<b>Commercial:</b> New _____% or Remodel _____%	<b>Residential:</b> New _____% or Remodel _____%
Industrial _____%	Apartments _____%
Institutional _____%	Condominiums/Townhouses _____%
Mercantile _____%	Custom Homes _____%
Office _____%	Tract Homes _____%
Remodeling - Structural _____%	Remodeling - Structural _____%
Remodeling - Nonstructural _____%	Remodeling - Nonstructural _____%
Other: _____%	Other: _____%

8. **SUBCONTRACTORS**

Do you obtain Certificates of Insurance for GL and WC from all subcontractors?  YES  NO

What are the minimum General Liability limits you require? \_\_\_\_\_

Are written contracts obtained from all subcontractors?  YES  NO

Do all contracts contain a Hold Harmless clause in your favor?  YES  NO

Are you named as an Additional Insured on all subcontractor policies?  YES  NO

Do you normally use the same subcontractors?  YES  NO

Do you use any casual labor?

YES  NO

Do you use any leased employees? *If yes, provide copy of contract.*

YES  NO

Are you responsible for providing benefits, Worker's Compensation for these employees?

YES  NO

What percentage of your work do you sub out? \_\_\_\_\_ %

9. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year			
4 th prior year			
3 rd prior year			
2 nd prior year			
Last year			
Projected next 12 months			

10. Describe your three largest projects currently underway or planned for the next year including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

11. Describe your four largest projects over the past Five years including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

12. Please provide the dollar value of an average completed job (including all materials, equipment, and labor) \$ \_\_\_\_\_

13. How many additional insured endorsements do you anticipate needing in the next year? \_\_\_\_\_

14. Is there any equipment rental to others?  YES  NO If yes, sales/receipts: \_\_\_\_\_

List equipment: \_\_\_\_\_

Attach a copy of the contract.

15. Do you lease mobile equipment?  YES  NO With operators?  YES  NO

Type of equipment: \_\_\_\_\_

Do you use cranes?  YES  NO Maximum length of boom: \_\_\_\_\_

16. Do you or have you performed repairs of fire damage, water damage, or mold damage?  YES  NO

17. Do you use explosives?  YES  NO

If yes, please explain: \_\_\_\_\_

18. Any flammables stored on site? \_\_\_\_\_ In approved containers? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

19. Have you done or do you plan any work performed for:

Refineries  YES  NO Gas Stations  YES  NO

Chemical Plants  YES  NO Airports  YES  NO

Railroads  YES  NO Hospitals  YES  NO

Public Utilities  YES  NO

Please explain: \_\_\_\_\_

20. Have you done or do you plan any project involving:
- |                 |                              |                             |                               |                              |                             |
|-----------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Caissons        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Piers                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Retaining Walls | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Shoring                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Underpinning    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Other structural engineering? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- Please explain: \_\_\_\_\_
21. Have you in the past or do you plan any work be above two stories in height?  YES  NO  
 Percentage: \_\_\_\_\_ % What is the maximum height? \_\_\_\_\_  
 Please explain: \_\_\_\_\_
22. Have you in the past or do you plan any work to be performed below ground level?  YES  NO  
 Percentage: \_\_\_\_\_ % What is the maximum depth? \_\_\_\_\_  
 Please explain: \_\_\_\_\_
23. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills?  YES  NO  
 Maximum degree of slope: \_\_\_\_\_
24. Have you in the past or do you plan any repair, replace or new roofs?  YES  NO  
 Percentage of heat applications: \_\_\_\_\_ % Percentage of membrane roofing: \_\_\_\_\_ %  
 Please explain: \_\_\_\_\_
25. In the past three years, have you been fired or replaced on a job in progress?  YES  NO  
 Have you replaced another contractor on a job in progress?  YES  NO  
 Please explain: \_\_\_\_\_
- Were there any claims, losses, or suits against you in the past five years?  YES  NO  
 Are there any claims or legal actions pending against any of the entities named in the application?  YES  NO  
 Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action?  YES  NO  
 Have you been accused of faulty construction in the past five years?  YES  NO  
 Have you been accused of breaching a contract in the past five years?  YES  NO

26. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
	\$	%	\$	%	
Abatement/Asbestos Lead Environmental Cleanup	\$	%	\$	%	
Air Conditioning/Heating	\$	%	\$	%	
Alarm Systems	\$	%	\$	%	
Blasting	\$	%	\$	%	
Boiler Installation	\$	%	\$	%	
Caisson or Cofferdam Work/Dam	\$	%	\$	%	
Carpentry - Dwellings	\$	%	\$	%	
Carpentry - Interior	\$	%	\$	%	
Carpentry - Other	\$	%	\$	%	
Concrete Construction/Repair - Driveways, Sidewalks or Parking Areas	\$	%	\$	%	
Concrete Construction/Repair - Foundations, Flat Work / Tiltup Work	\$	%	\$	%	
Drilling	\$	%	\$	%	
Drywall/Wallboard Installation	\$	%	\$	%	
Earthquake Reinforcement	\$	%	\$	%	
Electrical Work - Within Buildings	\$	%	\$	%	
Electrical Work - Other	\$	%	\$	%	
Escalator/Elevator - Install, Maintenance, Repair	\$	%	\$	%	
Excavating/Grading of Land	\$	%	\$	%	
Fireproofing	\$	%	\$	%	

Gas Mains/LPG Work	\$	%	\$	%
Gas Pumps	\$	%	\$	%
Insulation	\$	%	\$	%
Masonry - (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%
Mechanical	\$	%	\$	%
Millwright/Industrial Machinery	\$	%	\$	%
Painting	\$	%	\$	%
Plastering	\$	%	\$	%
Playground Equipment - Maintenance or Repair	\$	%	\$	%
Pile Driving	\$	%	\$	%
Plumbing - Residential	\$	%	\$	%
Plumbing - Commercial	\$	%	\$	%
Road, Highway, Bridge, Overpass	\$	%	\$	%
Roofing - Residential	\$	%	\$	%
Roofing - Commercial	\$	%	\$	%
Seismic Work/Repair Describe: _____	\$	%	\$	%
Sewer/Water Mains	\$	%	\$	%
Sprinkler Installation (Buildings)	\$	%	\$	%
Steel - Ornamental	\$	%	\$	%
Steel - Structural	\$	%	\$	%
Supervisory Only	\$	%	\$	%
Swimming Pool Construction	\$	%	\$	%
Traffic Signals/Controls Describe: _____	\$	%	\$	%
Tunneling	\$	%	\$	%
Underground Tank Removal/Installation	\$	%	\$	%
Waterproofing	\$	%	\$	%
Wrecking/Demolition	\$	%	\$	%

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date