



Texas Specialty Underwriters, Inc.
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 Rockwall, Texas 75087
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Dwelling Liability Application

PERSONAL LIABILITY

PREMISES LIABILITY

Applicant's Name _____

 Mailing Address _____
 Street Address _____

 City _____

 County _____ State _____ Zip Code _____

Agent Name _____

 Agent Number _____

PROPOSED EFFECTIVE DATE:

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

LIMIT OF LIABILITY REQUESTED: \$ _____

Location #1: _____
 Street Address _____

 City _____

 County _____ State _____ Zip Code _____
 1 & 2 Family 3 Family 4 Family
 Owner Tenant Seasonal Vacant Renovation Builder's Risk Other

Location #2: _____
 Street Address _____

 City _____

 County _____ State _____ Zip Code _____
 1 & 2 Family 3 Family 4 Family
 Owner Tenant Seasonal Vacant Renovation Builder's Risk Other

Please answer all questions:

- | | |
|---|--|
| 1. Swimming pool <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Trampolines <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diving board or slide <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Property well maintained <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fenced and self-locking gate <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Trip and fall hazards <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Dog on premises <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Steps have secured handrails <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Breed of dog(s) _____ | 9. Day care on premises <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Any other animals <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Any business on premises <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Smoke detectors <input type="checkbox"/> Yes <input type="checkbox"/> No | |

11. Applicant's occupation: _____

12. What are the applicant's hobbies? _____

13. If under renovation or builder's risk, who is the contractor (provide certificate of insurance)? _____

14. Adjacent structures, other than a garage? Yes No If yes, what are they used for? _____

15. Acreage? Yes No If yes, what is it used for? _____

16. Any losses in the last five years? _____

17. Explain all yes answers: _____

PRIOR CARRIER: _____ POLICY NUMBER: _____

Has any company cancelled, nonrenewed or refused coverage to the Applicant? Yes No
(Not applicable to Missouri applicants)

Include photo of premises with application.

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.