



**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

## Excess General Liability Liability Application

APPLICANT \_\_\_\_\_  
 NAME AND \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

AGENT \_\_\_\_\_  
 NAME AND \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PROPOSED EFFECTIVE DATE- FROM \_\_\_\_\_ TO \_\_\_\_\_  
 12:01 A.M., STANDARD TIME AT THE ADDRESS OF THE APPLICANT

**1. LIMITS OF LIABILITY DESIRED:**

COVERAGE	A. UNDERLYING LIMITS OF LIABILITY		B. TOTAL LIMIT OF LIABILITY ***			
Bodily injury	\$	,000	each person	\$	,000	each person
	\$	,000	each accident or occurrence	\$	,000	each accident or occurrence
	\$	,000	aggregate	\$	,000	aggregate
Property Damage	\$	,000	each accident or occurrence	\$	,000	each accident or occurrence
	\$	,000	aggregate	\$	,000	aggregate
Bodily Injury and Property Damage Combined (CSL)	\$	,000	each accident or occurrence	\$	,000	each accident or occurrence

**\*\*The Company's Limit of Liability shall be the DIFFERENCE between the Underlying Limits of Liability and the total limits stated above.**

**2. UNDERLYING POLICY**

Company: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Premium: \_\_\_\_\_ If adjustable, state rate and Premium Basis: \_\_\_\_\_

- a. List all coverages provided under the Underlying Policy: \_\_\_\_\_  
 \_\_\_\_\_
- b. Describe all special endorsements, extensions or limitations of coverage found in the Underlying Policy: \_\_\_\_\_  
 \_\_\_\_\_

**3. Describe all operations of the applicant insured in the Underlying Policy:** \_\_\_\_\_  
 \_\_\_\_\_

**4. List location(s) of Operation(s)** \_\_\_\_\_

**5. Number of years in business:** \_\_\_\_\_ Payroll \_\_\_\_\_  
 Gross Receipts \_\_\_\_\_

**6. Prior Carrier Name and Policy Number.** \_\_\_\_\_  
 \_\_\_\_\_

**7. List details and amounts paid or in reserve for all claims occurring within the last three years.** \_\_\_\_\_  
 \_\_\_\_\_

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 basic of the contract should a policy be issued.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_