



**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

**INSTALLATION FLOATER APPLICATION**

1. Name of Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_

2. Nature of Business: \_\_\_\_\_

3. Type of Merchandise Installed: \_\_\_\_\_

4. Installation Gross Receipts for past 12 months \$ \_\_\_\_\_  
 Projected next 12 months \$ \_\_\_\_\_

5. Total number of jobs completed in past 12 months: \_\_\_\_\_

6. Approximate percentage of annual installations in:  
 Dwellings: \_\_\_\_\_ %  
 Commercial risks: \_\_\_\_\_ %

7. Maximum number of jobs at risk at one time: \_\_\_\_\_

8.

	<u>Lowest Job Value</u>	<u>Highest Job Value</u>	<u>Average Job Value</u>
Dwellings	\$ _____	\$ _____	\$ _____
Commercial	\$ _____	\$ _____	\$ _____

9. Indicate the approximate percentage for cost of materials and labor on installation jobs as follows:

	<u>Cost of Materials</u>	<u>Cost of Labor</u>
Dwellings	_____ %	_____ %
Commercial	_____ %	_____ %

10. Indicate Insurance Coverage desired:

Cost of materials only:

Cost of materials and labor:

Point when coverage on material to detach: \_\_\_\_\_.

11. What is the estimated average time in days to complete a job?

Dwellings: \_\_\_\_\_ Commercial: \_\_\_\_\_

12. What is the maximum Limit of Liability required:

At any one job site	\$ _____		
Temporary Storage	\$ _____	Located	\$ _____
While in transit	\$ _____	In any casualty	\$ _____

13. Transportation: Indicate annual values at applicant's risk of installation materials moving from plant, or any warehouse to job site:

By applicant's own truck	\$ _____	Radius-Miles	_____
By common carrier trucks	\$ _____	Bill of Lading Terms	_____
By railroad	\$ _____		
By other means of transportation	\$ _____		

Indicate means used: \_\_\_\_\_

14. Amount of deductible requested: \$ \_\_\_\_\_

Deductible(s) on prior policies: \$ \_\_\_\_\_

15. Security measures taken at job site and any temporary storage locations: \_\_\_\_\_

16. Loss Record for past three years:

<u>Date</u>	<u>Amount</u>	<u>Type of Loss</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

17. Has insurance ever been cancelled or refused by any company or Lloyd's? \_\_\_\_\_

If so, when and for what reason? \_\_\_\_\_

PROPOSED POLICY TERM: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AGENT

\_\_\_\_\_ CITY STATE

\_\_\_\_\_ INSURED DATE