



Texas Specialty Underwriters, Inc.

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

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UMBRELLA POLICY APPLICATION

1. (a) Name of Applicant and all Companies to be insured:

(b) Are all companies covered in primary policies? YES NO List exceptions:

2. (a) Address of Head Office: _____

(b) Main locations of operations: _____

3. Proposed effective date: From: _____ To: _____

4. Description of all operations: _____

5. Estimate of

(a) Annual Payroll (1) Domestic: _____ (b) Annual Receipts or Sales (1) Domestic: _____
 (2) Foreign: _____ (2) Foreign: _____

(c) Number of Employees: _____

6. (a) Media used for advertising: _____ (b) Annual Cost: _____

(c) Does Primary cover? YES NO (d) Advertising Agency Used? YES NO

(e) Is Applicant covered as additional assured under the policies of all advertising agencies? YES NO

7. (a) List leased premises with values in excess of \$10,000 where Applicant is not held harmless or named in Fire/E.C. policy OR

Any other property in applicant's care, custody and control where values are likely to exceed \$10,000, such as data processing equipment, leased aircraft/watercraft, leased machinery, material on consignment, property stored, etc.

DESCRIPTION AND LOCATION	VALUE	WHETHER LEASED OR IN C.C.C.	FIRE EC RATES

(b) Does primary cover above exposures or is specific insurance carried? _____ Describe: _____

8. (a) Details of written contractual agreements (other than liability assumed under any lease of premises, easement agreement, agreement required by municipal ordinance, side-track agreement and elevator or escalator maintenance agreement):

(b) Does Primary cover? YES NO

9. Products -Completed operations: (Attach products application and brochures when necessary.)

(a) List products manufactured, sold, handled or distributed by applicant:

DESCRIBE PRODUCTS OR COMPLETED OPERATIONS	ANNUAL SALES	WHETHER PRODUCT MFG., SOLD,HANDLED,DISTR.

(b) Does primary cover these exposures? Yes No (c) Any product discontinued within past 10 years?
If so, describe _____

10. If applicant is a qualified Self-Insurer for W.C.A., give:

(a) States, Individual payroll, normal premium past 5 years, experience past 5 years:

(b) Details of excess protection carried:

11. State whether any exposures under the following, give payrolls, and whether covered by primary:

	ANY EXPOSURES	PAYROLL	COVERED BY PRIMARY
Jones Act (Maritime End)			
Federal Longshoremen's and Harbor Workers Act			
Federal Railroad Employees Act			

12. (A) Automobile Liability: Number & type owned, leased or hired.

(a) Passenger Cars

(b) Commercial (Size & Type)

Local Haul:

Long Haul:

(c) Buses: Passenger Capacity

(d) Are explosives, caustics or flammables hauled? _____

(e) Are any vehicles leased or rented to others? _____

(B) Watercraft: No of Units _____ Type _____

HP _____ Length _____

Navigational Limits _____

(C) Aircraft: No. of units: _____

Description: _____

No. & Type of engine: _____

No. of Passenger seats: _____

Navigational limits: _____

Pilots (name, age, license type, annual air time)

13. (a) Does Applicant operate hospital or first aid facilities? Yes No

(b) Number of Doctors: _____

(c) Number of Nurses: _____

(d) Is Individual malpractice coverage provided by Primary? Yes No

14. Details of any liability losses, insured or uninsured, exceeding \$10,000 within the past 5 years.

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.

15. Does primary coverage provide:

	YES	NO		YES	NO
Blanket Contractual	<input type="checkbox"/>	<input type="checkbox"/>	Incidental malpractice	<input type="checkbox"/>	<input type="checkbox"/>
Specified Contractual	<input type="checkbox"/>	<input type="checkbox"/>	Liquor Liability	<input type="checkbox"/>	<input type="checkbox"/>
Care, Custody and Control	<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury	<input type="checkbox"/>	<input type="checkbox"/>
Employees as additional insured	<input type="checkbox"/>	<input type="checkbox"/>	Professional Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefit Liability	<input type="checkbox"/>	<input type="checkbox"/>	Worldwide Coverage	<input type="checkbox"/>	<input type="checkbox"/>
Fire Legal: Amt: _____	<input type="checkbox"/>	<input type="checkbox"/>	Vendors Liability	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Garagekeepers Legal	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Hazards X, C, U, D, E	<input type="checkbox"/>	<input type="checkbox"/>	_____		

16. Describe any specific exclusions in primary policies:

17. Schedule of Primary Policies (to be incorporated in "Umbrella" Policy):

*73 - Old Occurrence	LIMITS		CARRIER/POLICY NUMBER	POLICY PERIOD	TOTAL EST. ANNUAL PREMIUM		RATING MOD (+) (-)
	BI	PD			BI	PD	
Comp. Gen. Liability							
Prod./Completed Ops							
Automobile							
	Accident	Aggr.					
Employers Liability							
*86 - New Occurrence	LIMITS		CARRIER/POLICY NUMBER	POLICY PERIOD	TOTAL EST. ANNUAL PREMIUM		RATING MOD (+) (-)
	BI	PD			BI	PD	
Gen. Aggr. Limit							
Prod. - Comp. Oper. Aggr. Limit							
Pers. & Adv. Injury Limit							
Each Occurrence Limit							
Fire Damage Limit							
Medical Expense Limit							
Automobile							
	Accident	Aggr.					
Employers Liability							

17A. Are defense costs within aggregate limits a separate limit unlimited

18. Is any coverage rated on a composite or retrospective basis? Yes No

19. Is all coverage written on an OCCURRENCE basis? 73 86 If not, describe _____

20. (a) Is General Liability written on comprehensive basis? Yes No. (b) Is Auto written on comprehensive basis (symbol 1) Yes No. If not describe _____

21. Current umbrella carrier, limit and premiums: _____

22. Limit desired: _____ SIR desired: _____

23. Any special provisions required: _____

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 _____

Agency _____ Address _____ Date _____

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