



**HOMEOWNERS "A" APPLICATION**

L.O.B. # 53  
Please print or type.

**TEXAS SPECIALTY UNDERWRITERS, INC.**  
510 TURTLE COVE BLVD., STE. 200  
ROCKWALL, TX 75087  
Phone: 972-771-5653  
Fax: 972-722-3917 & 800-888-7740

G.A. #: D-

SUB-AGENT #

PRODUCER NAME	CITY	TELEPHONE #	PRODUCER #

EFFECTIVE DATE: \_\_\_\_\_ ONE YEAR TERM ONLY.

NOTE: COVERAGE WILL BE EFFECTIVE AT 12:01 A.M. DAY AFTER POSTMARK, OR DATE FAXED APPLICATION RECEIVED.

★COVERAGE WILL NOT BE BOUND UNLESS APPLICATION IS FULLY COMPLETED – SEE UNDERWRITING ON REVERSE.

NAME OF APPLICANT	SOCIAL SECURITY #	DWELLING LOCATION	STREET
MAILING ADDRESS	CITY	COUNTY	ZIP CODE
CITY	COUNTY	STATE	ZIP CODE
LEGAL DESCRIPTION (Lot - Block - Addition)			

MORTGAGEE INFORMATION

EC TERR.	PPC	BASIC PREM.	INCR. LIMITS	OTHER COVERAGES	S/L TAX	STAMPING FEE	POLICY FEE	TOTAL
		\$	\$	\$	\$	\$	\$ 15.00	\$

LIMITS OF LIABILITY		COVERAGES	OTHER COVERAGES / ENDORSEMENTS	
<b>SECTION I</b>	\$	A. DWELLING	<b>PROPERTY:</b>	105 - Residence Glass Coverage _____
	\$	B. PERSONAL PROPERTY		120 - TV and Radio Antenna _____
<b>SECTION II</b>	\$	C. PERSONAL LIABILITY		126 - Personal Computer Coverage _____
	\$	D. MEDICAL COVERAGE TO OTHERS		140 - Wind, Hurricane, and Hail Exclusion _____
DEDUCTIBLE CLAUSE 1 _____ MINIMUM DED.			<b>LIABILITY:</b>	201 - Personal Injury Coverage _____
DEDUCTIBLE CLAUSE 2 _____ 1%				205 - Office, Private School, Studio _____
			<b>OTHER:</b>	301 - Additional Insured _____ (Section I Property Only)

**A PHOTO OF ALL DWELLINGS IS MANDATORY. (TO BE COMPLETED BY PRODUCER) UNDERWRITING INFORMATION**

- Type of construction: \_\_\_\_\_ Type of roof \_\_\_\_\_
- Dwelling: Square Footage: \_\_\_\_\_ Date of purchase: \_\_\_\_\_
- Number of stories: \_\_\_\_\_ Dwelling age: \_\_\_\_\_
- Number of acres: \_\_\_\_\_ Acreage rented to others: \_\_\_\_\_
- Inside C/L \_\_\_\_\_ Fringe \_\_\_\_\_ Outside C/L \_\_\_\_\_ How Far? \_\_\_\_\_
- Located in subdivision? \_\_\_\_\_ Name: \_\_\_\_\_
- Nearest fire hydrant \_\_\_\_\_ ft. Nearest fire station responding \_\_\_\_\_ miles.
- Condition of property:  Good  Fair  Poor
- Have you recently seen property:  Yes  No
- How long have you known applicant? \_\_\_\_\_
- Describe neighborhood:  Improving  Stable  Declining  
 Semi-Commercial
- Occupancy:  Primary  Secondary  Vacant
- Updates to dwelling:  Wiring  Plumbing  Roof  Heating  
When: \_\_\_\_\_  
Extent of updates: \_\_\_\_\_
- Any animals?  Yes  No If yes, describe: \_\_\_\_\_

- Has it bitten or caused injury?  Yes  No  
If yes, explain: \_\_\_\_\_
- Is risk near ocean, gulf, bay, inlet, or sound?  Yes  No  
If yes, distance in feet / miles: \_\_\_\_\_
- Is there a pool?  Yes  No Is it fenced?  Yes  No
- Is any business or farming conducted at this location?  
 Yes  No If yes, describe: \_\_\_\_\_
- Is dwelling visible from one (1) other dwelling?  Yes  No  
If yes, give distance: \_\_\_\_\_
- Previous insurance carrier: \_\_\_\_\_  
Did previous carrier request cancellation or non-renewal for this applicant or for this property?  Yes  No If yes, explain \_\_\_\_\_
- List all losses for this insured for previous three years. If none, write "none".

AMOUNT	DATE	CAUSE & DETAILS OF LOSS (Attach supplemental if needed)

DO YOU WANT A PREMIUM FINANCE AGREEMENT?  YES  NO

**FAIR CREDIT REPORTING ACT NOTICE:** This notice is given in compliance with the Federal Credit Reporting Act (Public Law 91-508). As part of our underwriting procedure, a routine inquiry may be made which will provide 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.

PRODUCER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_