



Texas Specialty Underwriters, Inc.

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Rockwall, Texas 75087

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Application

Builder's Risk

Applicant

Name and Address of Applicant

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.

Applicant is [] General Contractor [] Owner

Other interests to be included:

Loss Payable to Insured and

Contractor

Name and Address of Contractor:

Number of years experience in this type of construction:

Bonded ? [] Yes [] No Name of Bonding Company:

Policy Number if bonded by one of the Continental Insurance Companies:

History of Past Losses

List all losses incurred by applicant within the past 3 years, insured and not insured, which would have been covered by this form of insurance.

Date Cause of Loss Amount \$

Description of Project

[] New [] Renovation Description and Location:

Present partial occupancy:

Previous occupancy: Intended occupancy:

% Now leased (if any) Buyer (if being sold):

Storage Locations other than Job Site

Location, construction, protection, maximum value at risk.

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Amounts of Insurance

\$ Completed Value of Project.

\$ Value of forms, scaffolding, falsework and temporary structures (if requested).

\$ Total amount of insurance.

Sub-Limits

\$ On property at a location other than the job site.

\$ On property in transit.

\$ Flood (if requested).

\$ Earthquake and other earth movement (if requested).

Deductibles

\$ On property at the job site and at any other location.

\$ On property in transit.

Policy Term: Type of Form

Estimated period of construction:

Policy term from to

Form: [] Completed value [] Value Reporting [] Completed value reporting

Application

Builder's Risk

Protection

Town protection class _____ .
Distance to nearest operating fire hydrant _____ .
Distance to fire station _____ .
Fire dept. Paid Volunteer
Private fire protection available. _____ .
Working standpipes? Yes No
If building is to be over 5 stories in height will standpipes be installed and made operative as each floor is completed ? Yes No
Police protection afforded job site? Yes No
Watchman service at job site? Yes No
Job site fenced? Yes No

Type of Construction

	Non-Combustible	Fire Resistive	Other (Please specify below)
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Foundation	<input type="checkbox"/> Poured	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____
Filled Land	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pilings _____

Total square footage: _____

Number of floors above ground _____ . Below ground _____

Forms to be used: Wooden Other (specify) _____

Flood Exposure

Distance of nearest body of water to project: _____
Name of body of water: _____
Height of project above highest recorded water level: _____
Description of flood history in area: _____

Earthquake Earth Movement Exposure

Is project subject to subsidence or earth movement? Yes No
Is soil report available? Yes No

Transit Exposure

Method of transit used: _____
Estimate of annual values shipped: \$ _____

Installation Exposure

Describe machinery, equipment or other property to be installed. _____
Describe loading, unloading, rigging, lifting and lowering exposures. _____

Producer

Agency _____

Address _____

PRIVACY POLICY

I have received and read a copy of the companies Privacy Statement and Procedures. By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies. I understand and agree that any information about me that is contained in, or that is obtained in connection with this application or any policy issued to me may be used by any company listed on the Privacy Statement Brochure to issue, review and renew the insurance for which I am applying.

APPLICANT'S SIGNATURE _____ DATE _____