



# Texas Specialty Underwriters, Inc.

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

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AGENCY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

## COMMERCIAL AUTO EXCESS LIABILITY

Name of insured \_\_\_\_\_

Address of insured \_\_\_\_\_  
(NUMBER) (STREET) (CITY) (COUNTY) (STATE)

Insured is:  Individual  Partnership  Corporation  Date coverage to be effective \_\_\_\_\_

Description of operation \_\_\_\_\_

Rate Class	Rate Territory	Radius	Usage	Base Rate	<input checked="" type="checkbox"/> Factor	<input type="checkbox"/>	Underlying Premium	<input checked="" type="checkbox"/>	Excess Rate %	<input type="checkbox"/>	Unit Premium	<input checked="" type="checkbox"/>	No. of Units	Total Premium

Primary Carrier's Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Effective date \_\_\_\_\_ Expiration date \_\_\_\_\_ Premium: \$ \_\_\_\_\_ B.I. \$ \_\_\_\_\_ P.D. \_\_\_\_\_

Coverage	Excess Limits Requested	Primary Limits	Total Limits	Premium
A. Bodily Injury	\$ Each Person \$ Each accident or occurrence	\$ \$	\$ \$	
B. Property Damage	\$ Each accident or occurrence	\$	\$	
C. Combined Single Limit	\$ Each accident or occurrence	\$	\$	

DRIVER'S NAME	DATE OF BIRTH	YEARS DRIVING	LICENSE NUMBER	STATE	Total LIST. ACC./VIOL. (LAST 3 YEARS)

UNIT NO.	MOD. YR.	MAKE/MODEL/DESCRIPTION	SERIAL NUMBER	MAXIMUM GROSS WEIGHT OF VEHICLE AND LOAD LBS.

### REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Excess Liability)

In accordance with the provisions of the Insurance Code, Statute, or Legislation in the State in which this policy is written which permits the Insured named in the policy to reject Uninsured/Underinsured Motorists Coverage, the undersigned (and each of them) does hereby reject such coverage, being the coverage provided for protection of persons insured under the policy who would be legally entitled to recover damages from owners or operators of Uninsured/Underinsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom, and property damage.

I understand that I have the right to purchase Uninsured/Underinsured Motorists Coverage up to the full limits of my policy, and whether or not these coverages are provided in my primary insurance policy, I do hereby elect to reject all Uninsured/Underinsured Motorists Coverage under any policy issued pursuant to this application on any motor vehicle insured there-under. I further understand that the above rejection of Uninsured/Underinsured Motorists Coverage shall apply on all future renewals or replacement policies issued to me by the Company until I request said coverage in writing from the Company.

APPLICATION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM PM

  X    
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF AGENT OR BROKER