



**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

## Commercial Fire Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

**5. Previous carrier and loss information (last three years):**  Check if no losses last three years.

Year	Company	Policy #	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss
Any other insurance with this company or being sub- mitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? (Not applicable in Missouri)		

**6. Premises Information:**

Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Building	\$				\$	
	Building	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
<b>Bldg. No.</b>	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk: 1. _____ % 2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total Number of units:** \_\_\_\_\_
- **Sprinklered?**
- **Operable smoke detectors?**
- **Year built:** \_\_\_\_\_

- Building remodeling** (include year):
- Wiring?     Yes     No    Year: \_\_\_\_\_
- Heating?     Yes     No    Year: \_\_\_\_\_
- Plumbing?     Yes     No    Year: \_\_\_\_\_
- Roof?     Yes     No    Year: \_\_\_\_\_
- **Burglar alarm type:**     Local     Central Station
  - **Fire alarm type:**     Local     Central Station

This application does not bind YOU nor US 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents Only.)**

**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.