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CONTRACTORS SUPPLEMENTAL APPLICATION

Date: _____

Insured: _____ Location: _____

APPLICATION INFORMATION

| | | | |
|----------------------------------|----------|------------------------|---------------|
| Owner/Partner | \$ _____ | Risk is a (% of each): | |
| Employee Payroll: | \$ _____ | General Contractor | _____ % |
| Uninsured Subcontractor Payroll: | \$ _____ | Real Estate Developer | _____ % |
| Subcontractor Cost: | \$ _____ | Subcontractor | _____ % |
| Total Payroll: | \$ _____ | | (Totals 100%) |
| Total Receipts: | \$ _____ | New Construction | _____ % |
| Number of Employees: | _____ | Remodeling/Additions | _____ % |
| Years in Business: | _____ | Roofing Work | _____ % |
| Years of Experience: | _____ | Repair/Service Work | _____ % |
| | | | (Totals 100%) |

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
- Maximum number of stories: _____ Max. depth below grade: _____ ft.
- Any mobile equipment leased without operators? _____ Yes _____ No
- Type of equipment leased? _____
- Describe any other operations. _____

- List the last 5 jobs including the cost of those jobs.

| Location | Type of Job | Job Receipts |
|----------|-------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

- Describe any losses: _____

COMPLETE FOR SUBCONTRACTED WORK

- What work are the subcontractors hired to do?
 _____ % _____ % _____ %
 _____ % _____ % _____ %
- Are certificates of insurance obtained prior to subcontractors starting work? _____ Yes _____ No
 Minimum Limits Required \$ _____
- Are you named as an additional insured on the subcontractor's policy? _____ Yes _____ No
- Do subcontractors carry Worker's Compensation? _____ Yes _____ No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____