



Texas Specialty Underwriters, Inc.

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

Voice (972) 771-5653 Fax (972) 722-5392 Tx Only (800) 442-7050

Contractor's and Developers GL Appl EVTSU

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

 Agent No. _____

PROPOSED EFFECTIVE DATE:

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

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$	\$

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

APPLICANT PREMISES/OPERATIONS INFORMATION

1. Describe all business operations conducted by applicant: _____

2. Premises information (attach schedule if necessary):

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

3. Applicant is: Individual Corporation Partnership Joint Venture

Other (Specify): _____

4. Inspection/Audit:

Inspection (contact and phone): _____

Accounting Records (contact and phone): _____

5. Management:

Number of years in operation: _____ If new operation, number of years related experience: _____

GENERAL INFORMATION (Explain all "yes" responses.)					
	Yes	No		Yes	No
1. Exposure to flammables, explosives, chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	9. Machinery/equipment loaned/rented to others?	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	10. Swimming pool on premises?	<input type="checkbox"/>	<input type="checkbox"/>
3. Exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any parking facilities owned/rented?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	12. Fee charged for parking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sporting/social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does insured subcontract work?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any watercraft, docks, floats owned, hired, or leased?	<input type="checkbox"/>	<input type="checkbox"/>	14. Certificates of Insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any operations sold, acquired, or discontinued in last five years?	<input type="checkbox"/>	<input type="checkbox"/>	15. Any demolition exposure contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	16. Any structural alterations contemplated?	<input type="checkbox"/>	<input type="checkbox"/>
			17. Recreational facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>
			18. Any policy or coverage declined, cancelled or nonrenewed during last three years?	<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER INFORMATION					
	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY-FIVE YEAR PERIOD				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

SUPPLEMENTAL

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class. Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem/Ops	Products/ Comp. Ops.	Prem/Ops	Products/ Comp. Ops.

TRANSITION

1. Has this risk or any location not qualified for transition? Yes No

2. If this risk qualifies for transition, indicate year it first qualified: _____

Loc. No.	New Class. Code	Previous Basis	Previous Exposure	Applicable Coverage (Premises or Products)

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 containing any false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime.

APPLICANT'S SIGNATURE _____ Date _____

PRODUCER'S SIGNATURE _____ Date _____

————— 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.

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Time in business: _____ Years of experience: _____

Licensed? YES NO

Year of license: _____ License #: _____ Kind of License: _____

Percentage of Operations: General Contractor _____% Developer _____%
Subcontractor _____% With Penalty Clause _____%
Construction Manager _____% (for a fee only)

1. Are there any other operations owned, operated, or managed by you? YES NO
Please explain: _____

2. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? YES NO
Please explain: _____

3. Radius of operations from main location: _____ States worked in: _____

4. Payroll of owners, officer, and partners active at job sites or performing supervisory duties? # of owners, officers, partners _____ \$ _____
Payroll of employees other than owners, officers, partners, and clerical \$ _____
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
Total payroll \$ _____

5. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? YES NO

6. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? YES NO
Explain: _____

7. List the percentage of work you have done or plan to do in the following categories:

Commercial: New _____% or Remodel _____%	Residential: New _____% or Remodel _____%
Industrial _____%	Apartments _____%
Institutional _____%	Condominiums/Townhouses _____%
Mercantile _____%	Custom Homes _____%
Office _____%	Tract Homes _____%
Remodeling - Structural _____%	Remodeling - Structural _____%
Remodeling - Nonstructural _____%	Remodeling - Nonstructural _____%
Other: _____%	Other: _____%

8. **SUBCONTRACTORS**

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? YES NO

What are the minimum General Liability limits you require? _____

Are written contracts obtained from all subcontractors? YES NO

Do all contracts contain a Hold Harmless clause in your favor? YES NO

Are you named as an Additional Insured on all subcontractor policies? YES NO

Do you normally use the same subcontractors? YES NO

Do you use any casual labor? YES NO
 Do you use any leased employees? *If yes, provide copy of contract.* YES NO
 Are you responsible for providing benefits, Worker's Compensation for these employees? YES NO

What percentage of your work do you sub out? _____ %

9. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year			
4 th prior year			
3 rd prior year			
2 nd prior year			
Last year			
Projected next 12 months			

10. Describe your three largest projects currently underway or planned for the next year including values:

Start Date	End Date	Value	Description
		\$	
		\$	
		\$	

11. Describe your four largest projects over the past Five years including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

12. Please provide the dollar value of an average completed job (including all materials, equipment, and labor) \$ _____

13. How many additional insured endorsements do you anticipate needing in the next year? _____

14. Is there any equipment rental to others? YES NO If yes, sales/receipts: _____
 List equipment: _____

Attach a copy of the contract.

15. Do you lease mobile equipment? YES NO With operators? YES NO
 Type of equipment: _____

Do you use cranes? YES NO Maximum length of boom: _____

16. Do you or have you performed repairs of fire damage, water damage, or mold damage? YES NO

17. Do you use explosives? YES NO
 If yes, please explain: _____

18. Any flammables stored on site? _____ In approved containers? _____

If yes, please explain: _____

19. Have you done or do you plan any work performed for:

Refineries	<input type="checkbox"/> YES <input type="checkbox"/> NO	Gas Stations	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chemical Plants	<input type="checkbox"/> YES <input type="checkbox"/> NO	Airports	<input type="checkbox"/> YES <input type="checkbox"/> NO
Railroads	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hospitals	<input type="checkbox"/> YES <input type="checkbox"/> NO
Public Utilities	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please explain: _____

20. Have you done or do you plan any project involving:
- | | | | | | |
|-----------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Caissons | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Piers | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Retaining Walls | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Shoring | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Underpinning | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Other structural engineering? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
- Please explain: _____
21. Have you in the past or do you plan any work be above two stories in height? YES NO
 Percentage: _____ % What is the maximum height? _____
 Please explain: _____
22. Have you in the past or do you plan any work to be performed below ground level? YES NO
 Percentage: _____ % What is the maximum depth? _____
 Please explain: _____
23. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? YES NO
 Maximum degree of slope: _____
24. Have you in the past or do you plan any repair, replace or new roofs? YES NO
 Percentage of heat applications: _____ % Percentage of membrane roofing: _____ %
 Please explain: _____
25. In the past three years, have you been fired or replaced on a job in progress? YES NO
 Have you replaced another contractor on a job in progress? YES NO
 Please explain: _____
- Were there any claims, losses, or suits against you in the past five years? YES NO
 Are there any claims or legal actions pending against any of the entities named in the application? YES NO
 Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action? YES NO
 Have you been accused of faulty construction in the past five years? YES NO
 Have you been accused of breaching a contract in the past five years? YES NO

26. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
Abatement/Asbestos Lead Environmental Cleanup	\$	%	\$	%	
Air Conditioning/Heating	\$	%	\$	%	
Alarm Systems	\$	%	\$	%	
Blasting	\$	%	\$	%	
Boiler Installation	\$	%	\$	%	
Caisson or Cofferdam Work/Dam	\$	%	\$	%	
Carpentry - Dwellings	\$	%	\$	%	
Carpentry - Interior	\$	%	\$	%	
Carpentry - Other	\$	%	\$	%	
Concrete Construction/Repair - Driveways, Sidewalks or Parking Areas	\$	%	\$	%	
Concrete Construction/Repair - Foundations, Flat Work / Tiltup Work	\$	%	\$	%	
Drilling	\$	%	\$	%	
Drywall/Wallboard Installation	\$	%	\$	%	
Earthquake Reinforcement	\$	%	\$	%	
Electrical Work - Within Buildings	\$	%	\$	%	
Electrical Work - Other	\$	%	\$	%	
Escalator/Elevator - Install, Maintenance, Repair	\$	%	\$	%	
Excavating/Grading of Land	\$	%	\$	%	
Fireproofing	\$	%	\$	%	

Gas Mains/LPG Work	\$	%	\$	%
Gas Pumps	\$	%	\$	%
Insulation	\$	%	\$	%
Masonry - (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%
Mechanical	\$	%	\$	%
Millwright/Industrial Machinery	\$	%	\$	%
Painting	\$	%	\$	%
Plastering	\$	%	\$	%
Playground Equipment - Maintenance or Repair	\$	%	\$	%
Pile Driving	\$	%	\$	%
Plumbing - Residential	\$	%	\$	%
Plumbing - Commercial	\$	%	\$	%
Road, Highway, Bridge, Overpass	\$	%	\$	%
Roofing - Residential	\$	%	\$	%
Roofing - Commercial	\$	%	\$	%
Seismic Work/Repair Describe: _____	\$	%	\$	%
Sewer/Water Mains	\$	%	\$	%
Sprinkler Installation (Buildings)	\$	%	\$	%
Steel - Ornamental	\$	%	\$	%
Steel - Structural	\$	%	\$	%
Supervisory Only	\$	%	\$	%
Swimming Pool Construction	\$	%	\$	%
Traffic Signals/Controls Describe: _____	\$	%	\$	%
Tunneling	\$	%	\$	%
Underground Tank Removal/Installation	\$	%	\$	%
Waterproofing	\$	%	\$	%
Wrecking/Demolition	\$	%	\$	%

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date