



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

Dwelling & Habitational Fire Application

Applicant's Name
Mailing Address

Agent Name
Address

PROPOSED EFFECTIVE DATE:

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

Perils to be Insured:

Fire E.C. VMM Premises Liability Personal Liability Residence Burglary Deductible: \$
Wind Excluded YES NO Wind Deductible: \$

MORTGAGEE
ADDRESS LOAN #

Dwelling #1 Limits:
\$
a. Masonry Frame
b. 1 family 2 family 3 family 4 family
c. Owner Tenant Renovation
d. Vacant Seasonal Builders Risk
e. Located at:
On contents in the above dwelling.
Premises Liability/Personal Liability.
Residence Burglary.
Additional Living Expense/Loss of Use.
Other Structures-describe:

Dwelling #2 Limits:
\$
a. Masonry Frame
b. 1 family 2 family 3 family 4 family
c. Owner Tenant Renovation
d. Vacant Seasonal Builders Risk
e. Located at:
On contents in the above dwelling.
Premises Liability/Personal Liability.
Residence Burglary.
Additional Living Expense/Loss of Use.
Other Structures-describe:

UNDERWRITING QUESTIONNAIRE:

- 1. If vacant-how long has dwelling been vacant?
2. Did you inspect dwelling? Yes No Comments:
3. Do you recommend risk? Yes No Comments:
4. Swimming Pool? Yes No Fenced? Yes No
5. Year of Construction: Square Feet: Updated: Yes No If yes, confirm the date the following items were updated:
Wiring: Plumbing: Roof: Heating & Air Conditioning:
Physical condition of buildings:
6. Fire Protection Class: Fire District: E.C. Class: Distance from coastal water:
(includes ocean, gulf, bay or sound)

7. Primary source of heat: \_\_\_\_\_ If wood burning stove, questionnaire and photo required.
8. Renovation/Builders Risk: \_\_\_\_\_ Number of years experience: \_\_\_\_\_  
 Name of licened contractor: \_\_\_\_\_  
 Extent of Renovation: \_\_\_\_\_
9. Applicant's occupation(s): \_\_\_\_\_
10. Are any business pursuits conducted on the premises?  Yes  No If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
11. Any animals?  Yes  No If yes, describe: \_\_\_\_\_
12. Acreage?  Yes  No If yes, number of acres: \_\_\_\_\_ Usage: \_\_\_\_\_
13. Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri)  Yes  No Comments: \_\_\_\_\_  
 \_\_\_\_\_
14. Previous Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_
15. Past Losses? \_\_\_\_\_ Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**UNDERWRITING GUIDELINES:**

**Prefer photo with application.**

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Surplus Lines Insurance Company 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 issued by Scottsdale Surplus Lines Insurance Company and/or other members of the Scottsdale group of insurance companies. 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 within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**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.

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant'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.