



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

EQUIPMENT DEALERS APPLICATION

1. Applicant (INCLUDE NAMES OF ALL SUBSIDIARY FIRMS OR CORPORATIONS TO BE INSURED): _____
2. Principal business address: _____
3. Type of equipment: _____
 Maximum value any one item: \$ _____
4. Gross Sales (annual): \$ _____
5. Form to be used: (check one)
 Annual Adjustment Flat Annual Monthly Reporting

6. Limits required:

| Address | Equipment and Accessories in Building | Equipment and Accessories Out of Building | Other Stock |
|---|---------------------------------------|---|-------------|
| A. Location 1: _____ | \$ _____ | \$ _____ | \$ _____ |
| B. Location 2: _____ | \$ _____ | \$ _____ | \$ _____ |
| C. Elsewhere: _____ | \$ _____ | | |
| D. At other location acquired by the insured: _____ | \$ _____ | | |
| E. In transit: _____ | \$ _____ | | |
| F. Number of Trucks and Type: _____ | _____ | | |
| G. Radius: _____ | _____ | | |
| H. Overall disaster limit: _____ | _____ | | |

7. The following information is required separately for each location owned, rented, under control or used in whole or in part by applicant. Attach supplementary sheet, if necessary.

| | | |
|-----------------------------------|------------------------|--|
| Fire Contents Rate _____ | EC Contents Rate _____ | Construction of Building _____ |
| Fire Protection (Sprinkled) _____ | | Burglar Protection (Central Station, Watchman, 24 hr. Guard) _____ |
| Is lot fenced? _____ | Lighted? _____ | |

8. Inventory Values

A. Location 1. Address: _____

- (1) Inventory value on latest inventory dated _____
- (2) Inventory value on prior inventory dated* _____
- (3) Maximum amount at risk during year did not exceed _____
- (4) Average values at risk during year _____
- (5) Estimated average amount of property of others during the past twelve months _____

| | IN BUILDING | | | Property Outside Building |
|-----|---------------|-------------|-------------|---------------------------|
| | Mobile Equip. | Accessories | Other Stock | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |

*Inventory must be at least six months prior to latest inventory.

B. Location 2. Address: _____

- (1) Inventory value on latest inventory dated
- (2) Inventory value on prior inventory dated*
- (3) Maximum amount at risk during year did not exceed
- (4) Average values at risk during year
- (5) Estimated average amount of property of others during the past twelve months

| Mobile Equip. | IN BUILDING | | Property Outside Building |
|---------------|-------------|-------------|---------------------------|
| | Accessories | Other Stock | |
| | | | |
| | | | |
| | | | |
| | | | |

*Inventory must be at least six months prior to latest inventory.

9. ELSEWHERE, I. E., OUT ON TRIAL, APPROVAL, EXHIBIT, ETC.

- A. Inventory value on latest inventory dated: _____ \$ _____
- B. Inventory value on prior inventory dated*: _____ \$ _____
- C. Maximum amount at risk during year did not exceed: \$ _____
- D. Total: \$ _____

*Inventory must be least six months prior to latest inventory.

10. Repair Operations

- A. Annual Gross Receipts: \$ _____
- B. Premises & Building description if different than sales operation: _____

- C. Limit Required: _____

NOTE A: Exact monthly inventories for the last twelve months shall be furnished, if available, by location and showing date of each, in lieu of items numbered 1, 2 and 3.

NOTE B: If the policy is to exclude coverage of specifically identified property owned by a named person, firm or corporation other than the Applicant, the values thereof should be excluded in furnishing the foregoing figures. The information contained herein, has been prepared from our records and is true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Applicant

_____ Title or Position