



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

INSTALLATION FLOATER APPLICATION

1. Name of Applicant:
Address:

2. Nature of Business:

3. Type of Merchandise Installed:

4. Installation Gross Receipts for past 12 months \$
Projected next 12 months \$

5. Total number of jobs completed in past 12 months:

6. Approximate percentage of annual installations in:

Dwellings: %
Commercial risks: %

7. Maximum number of jobs at risk at one time:

Table with 4 columns: Job Type, Lowest Job Value, Highest Job Value, Average Job Value. Rows for Dwellings and Commercial.

9. Indicate the approximate percentage for cost of materials and labor on installation jobs as follows:

Table with 3 columns: Job Type, Cost of Materials, Cost of Labor. Rows for Dwellings and Commercial.

10. Indicate Insurance Coverage desired:

Cost of materials only:
Cost of materials and labor:
Point when coverage on material to detach:

11. What is the estimated average time in days to complete a job?

Dwellings: Commercial:

12. What is the maximum Limit of Liability required:

At any one job site \$
Temporary Storage \$ Located \$
While in transit \$ In any casualty \$

13. Transportation: Indicate annual values at applicant's risk of installation materials moving from plant, or any warehouse to job site:

By applicant's own truck                    \$ \_\_\_\_\_      Radius-Miles                    \_\_\_\_\_  
By common carrier trucks                \$ \_\_\_\_\_      Bill of Lading Terms                \_\_\_\_\_  
By railroad                                    \$ \_\_\_\_\_  
By other means of transportation        \$ \_\_\_\_\_

Indicate means used: \_\_\_\_\_

14. Amount of deductible requested: \$ \_\_\_\_\_

Deductible(s) on prior policies: \$ \_\_\_\_\_

15. Security measures taken at job site and any temporary storage locations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Loss Record for past three years:

<u>Date</u>	<u>Amount</u>	<u>Type of Loss</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

17. Has insurance ever been cancelled or refused by any company or Lloyd's? \_\_\_\_\_

If so, when and for what reason? \_\_\_\_\_

PROPOSED POLICY TERM: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AGENT

\_\_\_\_\_ CITY STATE

\_\_\_\_\_ INSURED DATE