



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

Janitorial (Commercial/Residential) General Liability Application

Applicant's Name _____
Mailing Address _____

Location _____

Agent Name _____
Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

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

Applicant is: Individual Corporation Partnership Joint Venture Other(Specify) _____

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)	\$ Excluded	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. How long has applicant been in business? _____ Number of employees _____

B. Does applicant have Workers' Compensation coverage in force? _____

C. Does applicant lease employees? _____

D. Describe operations of applicant

- | | |
|--|--|
| <input type="checkbox"/> Office buildings _____ % | <input type="checkbox"/> Apartment buildings _____ % |
| <input type="checkbox"/> Industrial buildings _____ % | <input type="checkbox"/> Hotels _____ % |
| <input type="checkbox"/> Shopping mall/center _____ % | <input type="checkbox"/> Theaters/movie houses _____ % |
| <input type="checkbox"/> Supermarkets/dept. stores _____ % | <input type="checkbox"/> Hospitals _____ % |
| <input type="checkbox"/> Retail stores _____ % | <input type="checkbox"/> Sports Complex _____ % |
| <input type="checkbox"/> Terminals _____ % | <input type="checkbox"/> Convention halls _____ % |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Private residences _____ % |
| <input type="checkbox"/> Railroad | |
| <input type="checkbox"/> Bus | |
| <input type="checkbox"/> Shipyard | |

Window cleaning _____ Maximum number of stories _____ Scaffolds/rigging _____ Rented Owned

Contract with _____

E. Annual Payroll Information:

Janitorial (96816)	\$ _____
Window Cleaning (99975)	\$ _____
Carpet Cleaning (91405)	\$ _____
Floor Waxing (94590)	\$ _____
other	\$ _____

F. Does risk store L.P.G., flammable liquids, ammunition or explosives on the premises? _____
 If so, type and quantity stored _____

G. Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived therefrom. _____

H. Does applicant subcontract work? _____ If so, state type _____
 Are certificates of insurance required from all subcontractors? _____

I. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? _____ If so, explain _____

Previous Insurer: Indicate premium and losses for past three years. Describe all losses.

YEAR	COMPANY	POL#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS

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

This application does not bind the applicant nor the Company 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 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.

APPLICANT'S SIGNATURE _____ DATE _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT: _____

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

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE