



Dallas
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hullandco-texas.com

PRODUCER:

APPLICANT'S NAME:

Supplemental Application

This supplemental application must be filled out completely, signed by the applicant and accompany the appropriate ACORD application. Please check the box and answer the corresponding questions for any YES answers.

HOMEOWNERS

1. Is this residence or any other location owned by the applicant rented to others [] Yes [] No

Describe duration rented during the policy

period: _____

Number of different tenants throughout the policy period: _____

Describe how the rental(s) is managed:

2. Is this residence or any other location owned by the applicant undergoing construction or renovation [] Yes [] No

Location: _____ New construction [] Renovation []

Start date: _____ Estimated completion date: _____

Describe Construction:

Estimated completed value: \$ _____

Beginning Of Construction: On site fire extinguishers [] Fencing [] Perimeter lighting []

Once Enclosed: Operative central station fire alarm [] Burglar alarm [] 24 hour watchman [] Patrol []

Is their a licensed General Contractor ? Yes [] No [] Name:

Address: _____

Indicate amount of Contractor's general liability insurance for this project:

\$ _____

Does the Contractor carry workers compensation insurance for this project? Yes [] No []

Does the Contractor specialize in high value residential? Yes [] No []

How long has the Contractor been in business? _____

Explain any "no" answer:

NOTE: WE WILL NOT AGREE TO ADD THE GENERAL CONTRACTOR TO THE POLICY AS AN ADDITIONAL INSURED.

3. Is this residence is located more than 1,000 feet from a fire hydrant and over 5 miles from the responding fire department [] Yes [] No

Amount of on-site water available? _____ Describe source:

Is property accessible year round? Yes No explain

Name of responding fire department: _____ Miles from risk? _____ Response time? _____

Describe fire fighting
equipment: _____

Describe any mutual aide:

Describe occupancy:

4. Is this residence located in a coastal area Yes No

Is wind coverage being requested? Yes No Storm Shutters (all openings)? Yes No

If no, explain other protective measures:

Distance to water: _____ Elevation: _____ Flood zone: _____

Flood Insurance Applicable? Yes No If yes, indicate limits and carrier:
