



**Dallas**  
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 F: (972) 789-1967

**Houston**  
 P: (281) 759-4855  
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**hullandco-texas.com**

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

D/B/A: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Sole Proprietorship       Partnership       Corporation       Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Location Address: \_\_\_\_\_ Zip \_\_\_\_\_

If you have a website, include your website address: \_\_\_\_\_

Mortgagee: \_\_\_\_\_ Zip \_\_\_\_\_

Loan Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Loss Payable: \_\_\_\_\_ Interest: \_\_\_\_\_

Additional Insured: \_\_\_\_\_ Interest: \_\_\_\_\_

Business of Applicant \_\_\_\_\_ Insp Contact Name & # \_\_\_\_\_

Years Management Experience \_\_\_\_\_ Age of Building \_\_\_\_\_ # of Stories \_\_\_\_\_

Hours of operation? \_\_\_\_\_

Apt. Sq. Ft. \_\_\_\_\_ Office Sq. Ft. \_\_\_\_\_ Merc Sq. Ft. \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Description of mercantile occupancies \_\_\_\_\_

Area Occ. By Insured \_\_\_\_\_ # of Apt. Units \_\_\_\_\_ Sales/Receipts \_\_\_\_\_

% of property vacant \_\_\_\_\_%      % of property unoccupied \_\_\_\_\_%

Electrical system checked by qualified electrician? .....  Yes       No      If yes, when? \_\_\_\_\_

Is the electrical system connected to circuit breakers? .....  Yes       No

Is the electrical system aluminum or knob and tube? .....  Yes       No

Heating system checked by a qualified contractor?.....  Yes       No      If yes, when? \_\_\_\_\_

If the roof is flat; has it been re-coated in the past 10 years? .....  Yes       No

Age of the roof? \_\_\_\_\_ Electrical Update? \_\_\_\_\_ Plumbing Update? \_\_\_\_\_ Heating Update? \_\_\_\_\_

Is the plumbing completely PVC or Copper? .....  Yes       No

Are storage areas and aisles clean and trash disposed of properly? .....  Yes       No

Is there evidence of water damage, broken windows, or breaks in pavements or floor? \_\_\_\_\_

Any "special" hazards (raised walks, street elevators, etc.)? \_\_\_\_\_

Is the property eligible according to our coastal guidelines?.....  Yes       No

Is the property seasonal or time share? .....  Yes       No

Are there smoke detectors in each unit? .....  Yes       No

Are there smoke detectors in all common and mechanical equipment areas?  Yes       No

Any special protective devices, clothing, etc. in use? .....  Yes       No

Formal training program for new employees?.....  Yes       No

Any alarm system?.....  Yes       No       Central       Local

**Loss History**

Date	Type/Description	Paid	Reserved	Open/Closed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous Carrier \_\_\_\_\_ Premium \$ \_\_\_\_\_

Building Exposures                      North                                      South                                      East                                      West

Occupancy \_\_\_\_\_

Distance \_\_\_\_\_

Construction \_\_\_\_\_

Deductible       \$1,000                                       \$2,500                                       \$5,000                                       Other \_\_\_\_\_

Liability         \$300,000                                       \$500,000                                       \$1,000,000                                       \$2,000,000

Class Code \_\_\_\_\_ Rate Number \_\_\_\_\_ Rate Group \_\_\_\_\_ Terr. \_\_\_\_\_ Prot. Class \_\_\_\_\_

Construction \_\_\_\_\_       Actual Cash Value                                       Replacement Cost

Building Limit \$ \_\_\_\_\_ Contents Limit \$ \_\_\_\_\_ Automatic Increase % \_\_\_\_\_

Business Income Limit \$ \_\_\_\_\_

Cause of Loss:       Standard                                       Special                                       Special excluding theft                                       Special with theft limit \$ \_\_\_\_\_

Burglar Alarm       Local                                       Central Station (Attach copy for Alarm Credit)                                       24 hr watchman

Fire Alarm         Local                                       Central Station                                       Sprinkler System

Optional Coverages

Employee Dishonesty Limit \$ \_\_\_\_\_ Number of Employees \_\_\_\_\_

Burglary & Robbery (standard form only) \$ \_\_\_\_\_

Money & Securities (special form only) \$ \_\_\_\_\_ Inside                                      \$ \_\_\_\_\_ Outside

Outdoor Signs \$ \_\_\_\_\_ First Floor Exterior Glass Sq. Ft. \_\_\_\_\_ Above First Floor \_\_\_\_\_

Interior First Floor Glass Sq. Ft. \_\_\_\_\_ Above First Floor Sq. Ft. \_\_\_\_\_

Equipment Breakdown       Yes                                       No

Does applicant have a refrigeration maintenance agreement?       Yes                                       No

Hired Auto Desired? \_\_\_\_\_ Nonowned Auto Desired \_\_\_\_\_

Do employees regularly drive their cars on company business?       Yes                                       No

Excess Fire Legal (\$50,000 included) \$ \_\_\_\_\_

Condominium Unit Owner Loss Assessment Limit \$ \_\_\_\_\_ Misc. Real Property Limit \$ \_\_\_\_\_

Accounts Receivable Limit \$ \_\_\_\_\_ Valuable Papers Limit \$ \_\_\_\_\_ EDP Equipment Limit \$ \_\_\_\_\_ Media Limit \$ \_\_\_\_\_

Cooking Supplement

Is the cooking area, hood and duct system protected per NFPA 96?       Yes                                       No

Is there a cleaning contract in force with an outside firm?       Yes                                       No

Fraud Statement: 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 violations.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSUREDS) AUTHORIZED AGENT OR BROKER:

Agent: \_\_\_\_\_ Address \_\_\_\_\_

Special Agent or Broker to: \_\_\_\_\_

Insureds Signature: \_\_\_\_\_

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