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LIABILITY INSURANCE PROPOSAL

COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

1. Name of Proposer (Partners or Officers, if applicable): _____
2. Mailing Address: _____
3. Location to be insured: _____
4. How long has current management operated this business? _____
5. Description of Premises:
 - a. What is ground floor area? _____
 - b. Height in stories? _____
 - c. Total area (or cubic capacity) of premises available for storage? _____
 - d. Identify and describe area(s), if any, occupied by tenant(s) or lessees: _____

 - e. Any basement(s)? _____ If "Yes", is basement protected by automatic sump pump? _____
And stored property on shelves or pallets? _____
 - f. Construction of walls? _____
Construction of Roof? _____
 - g. Year built? _____ If recently remodeled, when? _____
6. PROTECTION OF PREMISES
 - a. Is location sprinklered? _____ If "Yes", describe: _____
 - (1) Wet or dry system? _____
 - (2) Manufacturer's name and when installed: _____
 - (3) How often serviced? _____ By Whom? _____
 - (4) Is system equipped with a Sprinkler Alarm? _____
 - b. List any other private fire protection: _____
 - c. (1) Are your premises protected by an operating Premises Alarm System? _____
Central Station? _____ Local Alarm? _____
 - (2) Extent of Protection (1-2-22-3): _____
Name of Protective Company: _____
 - (3) Underwriters' Laboratories Certificate No.: _____
Date of Expiration: _____
 - d. (1) State number of watchmen employed exclusively by you and maintained on duty within your premises at all times when not regularly open to business: _____
 - (2) Do they signal to a Central Station and how often? _____
 - (3) How many clock stations on premises? _____
 - (4) How many pull boxes for Central Stations Signals? _____
7. Are there any cold storage facilities? _____ If so, complete Cold Storage Supplement and attach.
8. Estimated values in storage during previous year: Maximum: _____ Average: _____
9. Give percentage (by weight) of goods or commodities stored (dry storage): _____

- a. Canned Foods: _____
- b. Other Foodstuffs: _____
- c. Furniture: _____
- d. Industrial Chemicals: _____
- e. Cloth Products: _____
- f. Paper Products: _____
- g. Home Appliances (other than radio or TV equipment): _____
- h. Radio/Television/Electronic Equipment: _____
- i. Liquor, wines, spirits: _____
- j. Tobacco Products: _____
- k. Tires: _____
- l. Other (Describe): _____

10. Total number of employees? _____

If any employee(s) bonded, give details: _____

11. List annual gross receipts for each of the last five years (excluding any cold storage operations):

<u>Date</u>	<u>Amount</u>		<u>Date</u>	<u>Amount</u>	
a.	\$ _____	Storage	d.	\$ _____	Storage
	\$ _____	Handling		\$ _____	Handling
b.	\$ _____	Storage	e.	\$ _____	Storage
	\$ _____	Handling		\$ _____	Handling
c.	\$ _____	Storage			
	\$ _____	Handling			

12. What are the estimated gross receipts (excluding cold storage operations) for the next twelve months?

Storage: \$ _____ Handling: \$ _____

13. Give details of all previous losses, insured or not insured, occurring during past five years, which would have been recoverable under this type of insurance: _____

14. Name trade associations in which membership is held: _____

15. Attach a complete copy of the warehouse receipt used.

16. What policy limit is desired: \$ _____ What Deductible: \$ _____

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is effected, material misrepresentation or concealment of any information voids this insurance.

Date: _____

Signed: _____

By: _____

To be completed by agent:

Customers Goods Rates:

	<u>Gross</u>	<u>80% Coinsurance</u>
a. Fire	_____	_____
b. Extended Coverage	_____	_____
c. Vandalism & Malicious Mischief	_____	_____
d. Sprinkler Leakage	_____	_____
e. Earthquake	_____	_____

Agency: _____

Address: _____