Hull & Company

Dallas
P: (972) 789-1962
F: (972) 789-1967

Houston
P: (281) 759-4855
F: (281) 759-7245

hullandco-texas.com

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

1. Name and Address of Applicant: _____

   _____

2. Interest of Applicant: ❑ Owner ❑ Contractor ❑ Other _____
3. Phone Number: _____ E-mail: _____ Website: _____
4. Is this a single building? ❑ Yes ❑ No
5. Location of Project:

   _____

   _____

6. Description of Project:

   _____

   _____

7. Is this Ground Up Construction? ❑ Yes ❑ No
   (If not, please complete Building Renovation application)
8. Has any construction work started yet? ❑ Yes ❑ No
   (If Yes, risk is ineligible)
9. Construction
   ❑ Fire Resistive/Modified Fire Resistive ❑ Masonry Noncombustible ❑ Noncombustible
   ❑ Joisted Masonry ❑ Frame
10. Protection Class _____
11. Final Construction Cost $_____ 11 a.) Square Footage _____
12. Length of Term ❑ 3months ❑ 6months ❑ 9months ❑ 12months
14. Contractor:
    Name/Address _____
15. How long has contractor been in the construction business Less then 3 yrs ❑ 3 yrs + ❑
16. Is project on filled land? ❑ Yes ❑ No
17. Does any demolition work need to be done prior to construction? ❑ Yes ❑ No
18. Is construction lift slab, tilt-up or have open atriums equaling three stories or more ❑ Yes ❑ No
19. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures? ❑ Yes ❑ No
20. Does the scope of the project include work on a bridge, dam, tunnel, bubble building, greenhouse, waste water facility, airport hanger, barn , silo, chemical /petroleum/energy/ co-generation facility, tanks, radio, TV, or communication tower, or warehouse or distribution center over 100,000 square feet? ❑ Yes ❑ No
21. Will the project site be protected by a fence? ❑ Yes ❑ No
22. Will the watchman be on premises during non-working hours? ❑ Yes ❑ No
23. Is Soft Costs Coverage Desired? ❑ Yes ❑ No
    Reason Soft Costs coverage is desired _____
    Limit of Insurance for Soft Costs $ _____

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.

NAME OF AUTHORIZED AGENT OR BROKER _____

ADDRESS _____

MAIL COMPLETED APPLICATION THROUGH
LOCAL AGENT OR BROKER TO:_____

_____ _____
Agent's Signature Date

_____ _____
Insured's Signature Date