



Dallas
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hullandco-texas.com

Agent Name:
Agent Address:

Contact:
Phone #

Commercial Property Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____
Applicant Mailing Address _____ Applicant's Phone Number _____
Web Address _____
Inspection Contact _____
Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____
Applicant is ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____

LOCATION INFORMATION (If more than 3 locations, **attach** a separate sheet)

DESCRIPTION OF OPERATIONS ñ OCCUPANCY

Location #1 _____
Location #2 _____
Location #3 _____

GENERAL INFORMATION

- Number of years in business at this location: _____ Total number of years experience: _____
- Mortgagee's Name: _____ ☐ N/A
Amount Outstanding: \$ _____
- Any special hazards; i.e. cooking, flammables, woodworking, etc? ☐ Yes ☐ No
If yes, please explain: _____

BUILDING INFORMATION

(Please provide complete information for each insured location. **Attach** separate sheet, if necessary.)

	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:			
YEAR BUILT:			
# OF STORIES:			
TOTAL SQ. FOOTAGE:			
PROTECTION CLASS:			
ALARM	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing ____ Wiring ____ Heating ____ Other _____	____ Roof ____ Plumbing ____ Wiring ____ Heating ____ Other _____	____ Roof ____ Plumbing ____ Wiring ____ Heating ____ Other _____

ADJACENT EXPOSURES

	RIGHT	LEFT	FRONT	REAR
Loc. 1				
Loc. 2				
Loc. 3				

LIMITS & COVERAGE ñ PROPERTY

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	____%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)	\$ _____	\$ _____	\$ _____
BPP	____%	\$ _____			\$ _____	\$ _____	\$ _____
BUSINESS INCOME	____% or Monthly Limit \$ _____	\$ _____			\$ _____	\$ _____	\$ _____
SIGNS (DESCRIBE) _____					\$ _____	\$ _____	\$ _____
TOTAL LIMITS					\$ _____	\$ _____	\$ _____

CONTRIBUTING INSURANCE

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____ _____ _____	____	_____
_____ _____ _____	____	_____
_____ _____ _____	____	_____

PRIOR CARRIER HISTORY

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

PRIOR LOSS INFORMATION**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... ☐ Yes ☐ No

If yes, Explain. _____

ADDITIONAL COMMENTS

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature

Date

Applicant's Signature

Date

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.

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.