

**Texas Specialty Underwriters, Inc.**

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050

**General Liability Application**

Applicant's Name MM car hauler LLC  
Mailing Address 10550 Windfern Rd  
Houston, TX 77064  
Location \_\_\_\_\_

Agent Name LOUIS Perreira  
Address \_\_\_\_\_  
Agent No.: 16833

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant.

**LIMITS OF LIABILITY REQUESTED****PREMIUMS**

General Aggregate	\$ <u>100,000</u>	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

**APPLICANT/PREMISES/OPERATIONS INFORMATION**

1. Describe all business operations conducted by applicant: yes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Premises information (attach schedule if necessary):**

Loc. No.	Street, City, County, State, Zip Code	Interest	Part Occupied

3. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Limited Liability Company  
☐ Nonprofit ☐ Other (Specify): \_\_\_\_\_



**4. Inspection/Audit:**

Inspection (contact and phone): \_\_\_\_\_

Accounting records (contact and phone): \_\_\_\_\_

**5. Management:** Number of years in operation: \_\_\_\_\_ If new operation, number of years related experience: \_\_\_\_\_**6. Total number of employees:** \_\_\_\_\_**GENERAL INFORMATION (Explain all "yes" responses.)**

	Yes	No		Yes	No
1. Exposure to flammables, explosives, chemicals?	<input type="radio"/>	<input checked="" type="radio"/>	11. Any parking facilities owned/rented?	<input type="radio"/>	<input checked="" type="radio"/>
2. Exposure to asbestos?	<input type="radio"/>	<input checked="" type="radio"/>	12. Fee charged for parking?	<input type="radio"/>	<input checked="" type="radio"/>
3. Exposure to radioactive materials?	<input type="radio"/>	<input checked="" type="radio"/>	13. Does applicant have Workers' Compensation coverage in force?	<input type="radio"/>	<input checked="" type="radio"/>
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	<input type="radio"/>	<input checked="" type="radio"/>	14. Does insured subcontract work?	<input type="radio"/>	<input checked="" type="radio"/>
5. Sporting/social events sponsored?	<input type="radio"/>	<input checked="" type="radio"/>	15. Certificates of insurance required from all subcontractors?	<input type="radio"/>	<input checked="" type="radio"/>
6. Any watercraft, docks, floats owned, hired, or leased?	<input type="radio"/>	<input checked="" type="radio"/>	16. Does the applicant lease employees?	<input type="radio"/>	<input checked="" type="radio"/>
7. Any operations sold, acquired, or discontinued in last five years?	<input type="radio"/>	<input checked="" type="radio"/>	17. Any demolition exposure contemplated?	<input type="radio"/>	<input checked="" type="radio"/>
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	<input type="radio"/>	<input checked="" type="radio"/>	18. Any structural alterations contemplated?	<input type="radio"/>	<input checked="" type="radio"/>
9. Machinery/equipment loaned/rented to others?	<input type="radio"/>	<input checked="" type="radio"/>	19. Recreational facilities provided?	<input type="radio"/>	<input checked="" type="radio"/>
10. Swimming pool on premises?	<input type="radio"/>	<input checked="" type="radio"/>	20. Any policy or coverage declined, cancelled or nonrenewed during last three years? (not applicable in Missouri)	<input type="radio"/>	<input checked="" type="radio"/>
			If yes, please explain _____		
			_____		
			_____		

**PRIOR CARRIER INFORMATION**

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

**LOSS HISTORY—FIVE YEAR PERIOD**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)



# ADDITIONAL INSURED INFORMATION

Name	Address
Maria Paneque	10550 Windturn rd Houston, Tx 77064

## SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.


This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

## APPLICABLE IN THE STATE OF NEW YORK:

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 violation.

## FRAUD WARNING

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE  Date 12/08/16

PRODUCER'S SIGNATURE \_\_\_\_\_ Date 12/08/16

AGENT NAME Louis Perreira AGENT LICENSE NUMBER \_\_\_\_\_  
(Applicable to Florida Agents Only.)

## 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.

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE