



**Louis A. Williams
& Associates, Inc.**
INSURANCE MANAGERS

PO Drawer 1309 • Marshall, Texas 75671
1-903-938-5191 • 1-800-256-5291 • Fax (903) 935-5775

Commercial Fire Application - Texas

Applicant's Name: _____

Mailing Address: _____

Phone No.: _____

Agent Name: _____

Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

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

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

- 1. Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
- 2. Number of years in business:** _____
- 3. Describe all business operations conducted by applicant:** _____

4. Premises information:

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

5. Previous carrier and loss information (last three years): Check if no losses last three years.

Year	Company	Policy #	Premium	Date of Loss	Losses Paid/ Reserved	Description of Loss

Any other insurance with this company or being sub- mitted? (Please list name[s] and/or policy number[s]):	Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? (Not applicable in Missouri)

6. Premises Information:

Premise Number	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Building	\$				\$	
	Building	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
	Other	\$				\$	
Building Number.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk: 1. _____ % 2. _____ %			

- **Construction type:** _____
- **Roof type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total Number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
 - **Fire alarm type:** Local Central Station
 - **Automatic Fire Suppression System installed in kitchen?** Yes No

COMMENTS:	POLICY PREMIUM:
	Premium: \$ _____
	Policy Fee \$ _____
	Tax: \$ _____
	Stamping Fee \$ _____
	Total Premium: \$ _____

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.

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.

APPLICANT'S SIGNATURE: _____ Date: _____

PRODUCER'S SIGNATURE: _____ Date: _____

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.

IF THE APPLICANT'S QUOTE EXCLUDES WINDSTORM, HURRICANE, AND HAIL, THE FORM NUMBER CP 10-54 BELOW MUST BE SIGNED.

POLICY NUMBER:

CP 10 54 06 07

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL EXCLUSION

This endorsement modifies insurance provided under the following:

- CAUSES OF LOSS – BASIC FORM**
- CAUSES OF LOSS – BROAD FORM**
- CAUSES OF LOSS – SPECIAL FORM**
- STANDARD PROPERTY POLICY**

SCHEDULE

Premises Number	Building Number

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

With respect to the location(s) indicated in the Schedule, the following provisions apply.

A. The following is added to the Exclusions section and is therefore not a Covered Cause of Loss:

WINDSTORM OR HAIL

We will not pay for loss or damage:

1. Caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage; or
2. Caused by rain, snow, sand or dust, whether driven by wind or not, if that loss or damage would not have occurred but for the Windstorm or Hail.

But if Windstorm or Hail results in a cause of loss other than rain, snow, sand or dust, and that resulting cause of loss is a Covered Cause of Loss, we will pay for the loss or damage caused by such Covered Cause of Loss. For example, if the Windstorm or Hail damages a heating system and fire results, the loss or damage attributable to the fire is covered subject to any other applicable policy provisions.

B. The terms of the Windstorm Or Hail exclusion, or the inapplicability of this exclusion to a particular loss, do not serve to create coverage for any loss that would otherwise be excluded under this policy.

C. Under Additional Coverage – Collapse, in the Causes Of Loss – Broad Form, Windstorm or Hail is deleted from Paragraph 2.a.

D. In the Causes Of Loss – Special Form, Windstorm or Hail is deleted from the "specified causes of loss".

E. Under Additional Coverage Extensions – Property In Transit, in the Causes Of Loss – Special Form, Windstorm or Hail is deleted from Paragraph b.(1).

DATE: _____

NAMED INSURED: _____