



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

APPLICATION MUST BE  
COMPLETELY FILLED OUT  
AND SIGNED BY  
APPLICANT

## TEXAS COMMERCIAL GENERAL LIABILITY APPLICATION

Company: \_\_\_\_\_ Renewal of or Rewrite of Pol. # \_\_\_\_\_

QUOTE ONLY     ISSUE POLICY

**NO BINDING AUTHORITY**

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_ Social Security No: \_\_\_\_\_  
(Number) (Street)

\_\_\_\_\_  
(City) (County) (State) (Zip) Phone No. \_\_\_\_\_

Policy Period: From: \_\_\_\_\_ To \_\_\_\_\_ Months ( )  
12:01 A.M., Standard Time at the address of the Named Insured as stated herein.

Insured is:     Individual     Partnership     Corporation - # of Active Officers \_\_\_\_\_     Other

COVERAGES				LIMITS    Declarations are complete on attached schedule designated.		
COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$	PREMIUMS
	CLAIMS MADE	OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	PREMISES / OPERATIONS	
	OWNERS & CONTRACTORS PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$		
			EACH OCCURRENCE	\$	PRODUCTS	
DEDUCTIBLES			FIRE DAMAGE (ANY ONE FIRE)	\$		
	PROPERTY DAMAGE	\$	MEDICAL EXPENSE (ANY ONE PERSON)	\$	OTHER	
	BODILY INJURY	\$				
		\$				
OTHER COVERAGES, RESTRICTIONS, AND/ OR ENDORSEMENTS						TOTAL
					Total Advance Premium	\$
					Policy Fee	\$
					Tax	\$
					Stamping Fee	\$
					Total Premium	\$

A. Exact physical location: \_\_\_\_\_

B. Describe in detail the operation of the insured: \_\_\_\_\_

C. Number of years experience in this type of work: \_\_\_\_\_ D. Number of years in this business: \_\_\_\_\_

E. Number of employees (excluding owners): \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ Number of Active Owners: \_\_\_\_\_

F. Number of subcontractors: \_\_\_\_\_ Annual cost of subs: \$ \_\_\_\_\_

Do the subs carry their own insurance? \_\_\_\_\_ Are the limits at least the same as insured's? \_\_\_\_\_

G. Annual gross receipts: \$ \_\_\_\_\_ Area of building \_\_\_\_\_ sq. feet

H. Number of gallons of gas sold: \_\_\_\_\_

I. Locations of all premises owned, rented, or controlled by the named insured:  
[Indicate whether the insured occupies the entire premises or a portion.] \_\_\_\_\_

J. Does the insured have any general liability insurance in force now? \_\_\_\_\_  
If so, provide policy number, Insurer, premium, limits, expiration date, description and location of exposure.

K. Was the prior policy a claims-made policy? \_\_\_\_\_ If so, has tail coverage been purchased? \_\_\_\_\_  
If so, for how long? \_\_\_\_\_

HAS INSURANCE BEEN CANCELLED, DECLINED OR RENEWAL REFUSED IN THE LAST 5 YEARS?  
 NO  YES If yes, explain fully on separate sheet giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

LIST BELOW PREVIOUS CARRIERS EVEN IF NO LOSSES.

Policy Period		Name of Insurance Company	Policy No.	Type of losses paid and Reserves
From	To			

**X** \_\_\_\_\_  
Signature of Applicant Date Signed

Does producer recommend applicant? \_\_\_\_\_ Length of time producer has known applicant: \_\_\_\_\_ Has producer inspected insured's operation? \_\_\_\_\_

Producing Agent \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**\* BE SURE AND COMPLETE IN DETAIL THE FOLLOWING:  
CONSOLIDATED LIABILITY SCHEDULE**

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (t) OTHER		(s) per \$ 1,000 (p) per \$ 1,000 / pay (a) per 1,000 sq. ft. (c) per \$ 1,000 / cost (t) per unit			

**NOTE:** THOSE ITEMS LISTED WILL BE THE ONLY COVERAGES AFFORDED UNDER THE POLICY AS IT WILL CONTAIN A CLASSIFICATION LIMITATION ENDORSEMENT.

Escalators ( Number at Premises)	Number Insured	Per	Landing		
Owners, Contractors Protective	Cost	Per	1,000 Cost		
Other: (specify)					
Total Advance B.I. and P.D. Premiums				\$	\$

**NOTE:** SUPPLEMENTAL QUESTIONNAIRES MAY BE REQUESTED ON CERTAIN TYPES OF RISKS.