**COMMERCIAL INSURANCE APPLICATION**

**APPLICANT INFORMATION SECTION**

Date:

|  |  |
| --- | --- |
| **AGENCY**Arthur J. Gallagher Risk Management Services, Inc.14241 Dallas Pkwy., Ste. 300Dallas, TX 75254Phone: 800-777-9418Fax: 972-991-4061 | Program Requested:**Property** |
| Indicate Sections Attached [ ] Property [ ]  Equipment Breakdown  [ ]  Terrorism |
| STATUS OF TRANSPORTATION | POLICY INFORMATION |
|  **[ ]** Quote [ ]  Issue Policy [ ]  Bound | Proposed Eff. Date:      Proposed Exp. Date:      |

APPLICATION INFORMATION

Name (First Named Insured):

**Statewide Property Insurance Program**

Mailing Address:

300 W. 15th, 6th floor

Austin, TX 78701

Property Contact:       Phone:

Premises Information: **SEE ATTACHED SCHEDULE**

Name of State Agency:       **FEDERAL ID #:**

GENERAL INFORMATION

1. Is a formal safety program in operation?

2. Any exposure to flammables, explosive, chemicals?

3. Any catastrophe exposure (hail/ hurricane/ tornado)?

4. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?

5. During the past five years has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?

6. Any uncorrected fire code violations?

LOSS HISTORY (last 5 years):      SEE ATTACHED SCHEDULE IF ANY

[ ]  Yes [ ]  No

[ ]  Yes [ ]  No

[ ]  Yes [ ]  No

[ ]  Yes [ ]  No

[ ]  Yes [ ]  No

[ ]  Yes [ ]  No

|  |
| --- |
| PRIOR CARRIER INFORMATION FOR PROPERTY (3 years) |
| Carrier |       |       |       |
| Policy Number |       |       |       |
| Eff-Exp Date |       |       |       |
| Building Amount |       |       |       |
| Contents Amount |       |       |       |
| Total Premium |       |       |       |
| REMARKS- Description of your agency’s operations (include website address)      |

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/ she certifies that the answers are true, correct and complete to the best of his/ her knowledge.

|  |  |  |
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|  |       |  |

Applicant’s Signature Date Producer’s Signature

Please complete and submit this form to bonds.insurance@sorm.state.tx.us