



**INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED**

	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis*	%	%	Mobile Homes (non-motorized)	%	%
Busses*	%	%	Motorcycles*	%	%
Bucket Trucks / Cranes / Scissor Lift*	%	%	ATVs, UTVs, Scooters, Snowmobiles*	%	%
Contractors Equipment*	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles*	%	%	Race Cars / Street Rods	%	%
Farm Equipment*	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers*	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW)*	%	%	OTHER (Provide complete description):	%	%
Jet Skis*	%	%			
Kit Cars or Other Auto Manufacturing	%	%			

**\*Supplemental application required**

**UNDERWRITING INFORMATION**

Do you:

- |   |  |  |  |
|---|--|--|--|
| Engage in any other operations?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stack salvaged autos more than 4 high?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in fuel conversion?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work at airport, seaport or railroad premises?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in performance enhancements?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Engage in Breathalyzer / ignition interlock?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Loan, Lease or Rent autos to others?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Manufacture / Fabricate any auto parts?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in auto pawning or auto title loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Structurally alter or convert vehicles from their original factory design? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dismantle autos or have salvage operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Own or operate a car crusher?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

EXPLAIN ALL YES REPOSSES: \_\_\_\_\_

Do you:

- |  |   |
|--|---|
| Secure all keys in a lock box or a secure cabinet away from vehicle?               | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Obtain certificates of insurance from all sub-contractors?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Accompany customers in the service/repair area?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Store all paints and solvents in a fire resistive cabinet outside the paint booth? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Confine all spray painting operations to an UL approved booth?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If No, is there explosion proof lighting and adequate ventilation?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |

**PRIOR INSURANCE COMPANY AND LOSS HISTORY**

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

Date of loss	Amount paid / reserve	Description of loss	Driver involved

- If there is No Prior Insurance, check the box.  
 If there are No Prior Losses, check the box.

**Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years?**  Yes  No

(Missouri Applicants - Do not answer this question).

**If yes, explain:** \_\_\_\_\_

**Dealers proceed to page 3, Non-Dealers proceed to page 4.**

# Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060

Phone: (800) 752-8402 • Fax: (317) 776-6891

**www.roushins.com • Email: quote@roushins.com**



### NON-DEALERS / SERVICE OPERATIONS

Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Detailing ( <i>other-than car wash - full service</i> )	%	Impound Yards	%
Auto Dismantling / Salvage Yard		Lift Kit/ Lower Kit Installation, Service or Repair	%
<b>Payroll:</b>	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bed liner	%	Mobile Tire Sales, Installation, Service or Repair	%
Auto Part Sales - New Parts Only ( <i>Uninstalled</i> )		Oil/Lube Service	%
<b>Receipts:</b>	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only ( <i>Uninstalled</i> )		Rim Repair	%
<b>Receipts:</b>	%	Storage Lots	%
Body & Paint Shop	%	Tire Sales, Installation, Service or Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <b>Receipts:</b>	%	Valet Parking*	%
Driveway Contractor	%	Van Conversion	%
Frame or Unibody Straightening <input type="checkbox"/> Repair <input type="checkbox"/> Modification	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
Gasoline Station: Full Service	%	Window Tinting	%
Gasoline Station: Self Service only	%	Windshield Installation/Repair	%
<b>Convenience Store Receipts:</b>		Wrecker Service: For-Hire	%
		Wrecker Service: Not-For-Hire	%
		Other:	%

**\*Supplemental application required**

### NON-DEALER COVERAGES & LIMITS

Radius of pickup & delivery	<input type="radio"/> 0 - 25 Miles <input type="radio"/> 26 - 100 Miles <input type="radio"/> 101 - 200 Miles <input type="radio"/> Over 200 Miles														
Non-Dealer Liability Symbol 29  Deductible _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Auto Only</td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 34%;">Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td style="border-bottom: 1px solid black; text-align: center;"><i>same as above</i></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Broadened Coverage ( <i>includes Personal Injury &amp; \$100,000 Damage to Rented Premises</i> ) <input type="checkbox"/> Damage to Rented Premises    _____    Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments    _____    Any One person <input type="checkbox"/> Auto Medical Payments    _____    Any One person  <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback  <input type="checkbox"/> Registration / Repairer / Transporter Plates    # of Plates: _____ Plate Numbers: _____  <input type="checkbox"/> Personal Injury Protection    _____    Limit Per Statute <input type="checkbox"/> Uninsured Motorists Coverage    _____    Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage    _____    Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage    _____    Each Acc.			Auto Only		Each Accident	Other Than Auto	<i>same as above</i>	Each Accident	Other Than Auto		Aggregate Limit			
Auto Only		Each Accident													
Other Than Auto	<i>same as above</i>	Each Accident													
Other Than Auto		Aggregate Limit													
Garagekeepers Symbol 30  <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision   <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%;">Limit Location 1</td> <td style="width: 34%; border-bottom: 1px solid black;"></td> <td>Maximum Limit Per Auto</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Limit Location 2</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Limit Location 3</td> <td style="border-bottom: 1px solid black;"></td> <td>Deductible Per Auto</td> </tr> </table> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot*  <input type="checkbox"/> Theft Buyback, for Unprotected Lot ( <i>subject to guidelines</i> )  <b>*Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. <b>*Non-Standard Lot:</b> Any other type of protection. <b>*Unprotected Lot:</b> No theft barrier.				Limit Location 1		Maximum Limit Per Auto		Limit Location 2				Limit Location 3		Deductible Per Auto
	Limit Location 1		Maximum Limit Per Auto												
	Limit Location 2														
	Limit Location 3		Deductible Per Auto												

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**ADDITIONAL INSURED**

- Lessor of Leased Equipment (CA 2047)
- Grantor of Franchise (CA 2049)
- Owner of Garage Premises (CA 2509)
- Designated Person or Organization (CAG 1712 / CAG 1912)
- Scheduled Person or Organization Primary and Non-Contributory (CAG 1752 / CAG 1952)
- Waiver of Subrogation (CA 0444)

**ADDITIONAL INSURED / WAIVER OF SUBROGATION INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Insured: \_\_\_\_\_  
 Applies to location:  # 1  # 2  # 3

**AUTO TRANSPORT / TOWING**

How do you transport autos?  
 Driven by:  Employee  Temporary / Contract Driver  
 Towed by:  Employee  Temporary / Contract Driver  Third party Tow Truck or Car Hauler  
 Certificate of Insurance on file?  Yes  No

Do you:  
 Repossess vehicles for others?  Yes  No  
 Require a Federal Filing?  Yes  No  
 Tow, Haul or Carry more than 2 autos at once?  Yes  No  
 Tow For-Hire?  Yes  No  
 If yes, is In-Tow Coverage required?  Yes  No Number of Tow Trucks: \_\_\_\_\_

**SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE (Symbol 27)**

Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.

**Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.**

**Coverage: (check all that apply)**

- Liability  Specified Causes
- Uninsured/Underinsured  Comprehensive
- Personal Injury Protection  Collision

Year: \_\_\_\_\_  
 Make & Model: \_\_\_\_\_  
 VIN: \_\_\_\_\_ GVW: \_\_\_\_\_  
 Radius of Operation: \_\_\_\_\_ Miles  
 Stated Value: \$ \_\_\_\_\_  
 Is vehicle titled to the Named Insured?  Yes  No  
 Lessor - Additional Insured & Loss Payee  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Year: \_\_\_\_\_  
 Make & Model: \_\_\_\_\_  
 VIN: \_\_\_\_\_ GVW: \_\_\_\_\_  
 Radius of Operation: \_\_\_\_\_ Miles  
 Stated Value: \$ \_\_\_\_\_  
 Is vehicle titled to the Named Insured?  Yes  No  
 Lessor - Additional Insured & Loss Payee  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

- Check all that apply:
- Service Use  Towing Not For-Hire
  - Personal Use  Towing For-Hire
  - Rental / Loaner  Trailer, Tow Dolly or Car Hauler

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- Service Use  Towing Not For-Hire
  - Personal Use  Towing For-Hire
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**ADDITIONAL INFORMATION**

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance 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. 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.

Applicable in NY: Any person who knowingly and with the 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.

Applicant's Signature

Date

Witness