

**Roush Insurance Services, Inc.**  
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**Applications available at [www.roushins.com](http://www.roushins.com)**

Agency \_\_\_\_\_ Code \_\_\_\_\_  
 Producer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Commercial Package Application**

Proposed Dates: From \_\_\_\_\_ to \_\_\_\_\_

*(Please Note: Quotation may not conform to limits and coverages requested on application.)*

Applicant Name \_\_\_\_\_ Inspection Contact \_\_\_\_\_

DBA \_\_\_\_\_ Inspection Contact Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Website \_\_\_\_\_

Individual  Partnership  Joint Venture  Trust  LLC  Corp or Other Organization: \_\_\_\_\_

Business Description \_\_\_\_\_

Length of Time in Business/Experience \_\_\_\_\_ yrs \_\_\_\_\_ mos New Venture?  Yes  No Non-Profit?  Yes  No

Prior Carrier \_\_\_\_\_ Expiring Premium \$ \_\_\_\_\_ Lapse in Coverage?  Yes  No, Reason \_\_\_\_\_

Any Claims in Last Three Years?  Yes  No, Describe and Attach Loss Runs \_\_\_\_\_

Has any Company Cancelled or Refused Coverage to the Applicant?  Yes  No, Reason \_\_\_\_\_

Is applicant in Bankruptcy?  Yes  No, Describe \_\_\_\_\_

**Property Section**

**1. Property Locations: (Street Address, City, County, State and Zip Code)**

Premises \_\_\_ Building \_\_\_: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Premises \_\_\_ Building \_\_\_: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Premises \_\_\_ Building \_\_\_: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Premises \_\_\_ Building \_\_\_: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Premises \_\_\_ Building \_\_\_: \_\_\_\_\_

Occupancy: \_\_\_\_\_

**2. Values: (Blanket Coverage Not Available)**

Provide Value Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___
Valuation	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Building	\$	\$	\$	\$	\$
Business Personal Property	\$	\$	\$	\$	\$
Loss of Income	\$	\$	\$	\$	\$
Sign	\$	\$	\$	\$	\$
Purchase Price	\$	\$	\$	\$	\$
Improvements	\$	\$	\$	\$	\$
Equipment Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Deductible:**  \$1,000  \$2,500  \$5,000 **Coverage:**  Basic  Broad  Special

**3. Description Of Premises:**

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___
Construction					
Protection Class					

Provide Detail Per Location	Prem_Bldg__	Prem_Bldg__	Prem_Bldg__	Prem_Bldg__	Prem_Bldg__
No. Apt. Units					
% of Building Occupied	_____ %	_____ %	_____ %	_____ %	_____ %
Total square feet					
No. Stories					
Year Built					
Distance to nearest building?	_____ ft	_____ ft	_____ ft	_____ ft	_____ ft
Minimum 100 Amp Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior aluminum wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does building have a central alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg
Comml cooking on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a fire suppression unit with a service contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.
Smoker/BBQ on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire suppression protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any subsidized or student housing? If yes give %.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %

**4. Year Of Updates:**

Provide Detail	Prem_Bldg__	Prem_Bldg__	Prem_Bldg__	Prem_Bldg__	Prem_Bldg__
Heating/Air Conditioning	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Plumbing	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Roof	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.
Wiring & Electrical	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

**General Liability**

**LIABILITY LIMITS \$ \_\_\_\_\_ Per Occurrence / \$ \_\_\_\_\_ Aggregate**

6. Estimated Annual Employee Payroll (excluding all owners): \$ \_\_\_\_\_ Total Number of Owners: \_\_\_\_\_  
 Estimated Annual Receipts: \$ \_\_\_\_\_ Premises Area: \_\_\_\_\_ sq ft Apartments?  No  Yes, How many? \_\_\_\_\_  
 Estimated Annual Cost of Subcontractors: \$ \_\_\_\_\_
7. Are Subcontractors Utilized in Applicant's Operations?.....  Yes  No  
 Do Subcontractors Carry Same or Greater Liability Limits?.....  Yes  No  
 Are Certificates of Insurance Required?.....  Yes  No
8. Does Applicant Provide Guarantees, Warranties or Hold Harmless Agreements?.....  Yes  No  
 Describe \_\_\_\_\_
9. Does Applicant use Cranes?.....  Yes  No  
 Maximum Size Capacity \_\_\_\_\_ Length of Boom \_\_\_\_\_ ft

10. Lessor's Risk?.....  Yes  No  
 Does Applicant Require Proof of Liability Insurance from All Commercial Tenants?.....  Yes  No  
 Is Applicant Listed as Additional Insured on All Commercial Tenants' General Liability Policies? .....  Yes  No
11. Are Recreational Facilities provided?.....  Yes  No
12. Are Day Care Facilities operated or controlled?.....  Yes  No
13. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?.....  Yes  No
14. Are there any Safety and Security Procedures in Place?.....  Yes  No  
 Describe (Alarm, Fence, Signs, Etc.): \_\_\_\_\_
15. Is there a Parking Lot on Premises for Customers?.....  Yes  No  
 Size of Parking Lot \_\_\_\_\_ sq ft Maintained by \_\_\_\_\_
16. Any Bodies of Water/Swimming Pools on Premises?.....  Yes  No  
 Describe \_\_\_\_\_
17. Are any New Operations Planned in the Next Twelve Months?.....  Yes  No  
 Describe \_\_\_\_\_
18. Hours of Operation: Mon-Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_
19. Other Business on Premises?.....  Yes  No  
 Describe \_\_\_\_\_

**20. Description of Operations (Mark all that apply):**

<input type="checkbox"/> Consulting Services	<input type="checkbox"/> Products related to Aircraft/Automobile Industry
<input type="checkbox"/> Drawing plans, designs, or specifications	<input type="checkbox"/> Selling or distributing foreign products or parts
<input type="checkbox"/> Demolition, blasting, utilization or storage of explosive materials	<input type="checkbox"/> Selling or repackaging products under applicant's label
<input type="checkbox"/> Excavation, tunneling, underground work or earth moving	<input type="checkbox"/> Sponsoring sporting or social events
<input type="checkbox"/> Installing, servicing or demonstrating products	<input type="checkbox"/> Storing, treating, discharging, applying, disposing of or transporting hazardous materials
<input type="checkbox"/> Loaning or renting machinery or equipment to others	<input type="checkbox"/> Welding or cutting
<input type="checkbox"/> Manufacturing products or parts	<input type="checkbox"/> Work over 3 Stories (exterior)
Describe in Detail:	

**21. Mortgagee/Loss Payable Information:**  Mortgagee  Contract Buyer  Contract Seller  Loss Payable  Addtl. Insured

Name	Address	Loan Number

This application does not bind the applicant nor the Company 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.

**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. (Not applicable in OH)

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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.

**APPLICANT'S STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_