

# Roush Insurance Services, Inc.

Special Risk Professionals

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

## AGENT OF RECORD

Please recognize \_\_\_\_\_ of \_\_\_\_\_  
(Agent Name) (Agency)  
at \_\_\_\_\_ in \_\_\_\_\_  
(Address) (City, State, Zip)  
as my agent of record, who is authorized on my behalf to represent me in  
the processing of my insurance requests, effective \_\_\_\_\_.  
(Date)

Applicant/Insured Name: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

- This is a new business quote.  
 This is a request for an existing policy.

Policy Number: \_\_\_\_\_

Company: \_\_\_\_\_

Effective: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Applicant/Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date