

# Roush Insurance Services, Inc.

*Special Risk Professionals*

PO Box 1060 • Noblesville, IN 46061-1060  
Phone (800) 752-8402 • Fax (317) 776-6891

## **BROKER OF RECORD**

Please recognize Roush Insurance Services, Inc. as my broker of record, who is authorized on my behalf to approach \_\_\_\_\_, (Company Name) to represent me in the processing of my insurance requests.

Insured/DBA: \_\_\_\_\_

Agent: \_\_\_\_\_

Agency: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date