





**Roush Insurance Services, Inc.**

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**ILLINOIS DWELLING PROGRAM APPLICATION (continued)**

**UNDERWRITING QUESTIONNAIRE – ALL QUESTIONS MUST BE ANSWERED**

1. Primary heat source?  Gas Forced Air  Heat Pump  Radiant Heat  Other, Describe \_\_\_\_\_  
Any supplemental heating (space heater, coal, kerosene or wood stove)?  No  Yes, Describe \_\_\_\_\_
2. Swimming pool?  No  Yes: Above/below ground? \_\_\_\_\_ Fenced?  No  Yes Gate/Ladder that locks?  No  Yes
3. Trampoline?  No  Yes (Liability and Medical Payments coverage not available if trampoline on premises.)
4. Any animals?  No  Yes, Type:  Guard Dog  Service Animal  Dog  Cat  Bird/Fish/Reptile  Exotic  Livestock  
Any with bite history or vicious tendencies?  No  Yes, Explain \_\_\_\_\_
5. Any business conducted on premises?  No  Yes, Describe \_\_\_\_\_
6. Has any company canceled or refused coverage to the applicant?  No  Yes, Reason \_\_\_\_\_
7. Previous Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Effective Date: From \_\_\_\_\_ to \_\_\_\_\_
8. Any claims in last three (3) years?  No  Yes Status:  Closed  Open  In Suit All repairs completed?  No  Yes  
Describe in detail (list type, date and amount paid) \_\_\_\_\_  
\_\_\_\_\_
9. Additional Interest \_\_\_\_\_  
Type of Interest:  Additional Insured  Contract Buyer  Contract Seller  Mortgagee, Loan # \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICES, FRAUD WARNING AND ATTESTATION**

**FAIR CREDIT REPORTING ACT NOTICE:**

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**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.

**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.

**SUBJECT TO THE FOLLOWING – REQUIRED WITHIN TEN (10) DAYS OF BINDING:**

- Applicant's and Producer's dated signatures on application.
- Front and back photographs of all structures on premises deemed acceptable per company underwriting guidelines.
- For risks with supplemental heat, completed Wood/Coal Burning Facility Questionnaire with photo, dated and signed by inspector.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ILLINOIS DWELLING PROGRAM – CENTURY SURETY COMPANY**

Annual Rates – \$35.00 Minimum Earned Premium – \$250 Minimum Premium (\$200 MP if Vacant)

Territory	1		2		3			
Prot Cls	1-10		1-10		1-8		9-10	
Occup	Own	Ten	Own	Ten	Own	Ten	Own	Ten
<b>Limit</b>	<b>Rates are for Frame/Joisted Masonry/Mixed Construction/Stucco.</b>							
	<b>** Rate each Coverage separately. **</b>							
5,000	149	174	116	134	85	117	113	153
10,000	276	301	212	231	157	197	209	256
<b>11,000</b>	293	318	226	244	168	210	224	274
12,000	311	338	240	261	180	224	240	290
<b>13,000</b>	338	362	261	278	195	240	259	312
14,000	360	386	277	297	206	254	275	329
<b>15,000</b>	376	403	290	310	218	267	289	347
16,000	395	421	304	323	227	276	303	358
<b>17,000</b>	414	439	318	338	239	289	317	373
18,000	428	455	330	350	249	300	329	387
<b>19,000</b>	449	474	345	364	256	312	341	402
20,000	462	488	355	375	262	318	353	415
<b>21,000</b>	476	503	366	386	266	321	364	427
22,000	491	516	376	397	267	322	373	437
<b>23,000</b>	503	529	386	407	270	326	384	449
24,000	524	549	403	424	281	336	400	468
<b>25,000</b>	546	571	420	439	288	347	416	485
26,000	568	594	437	457	292	349	433	501
<b>27,000</b>	589	615	452	473	305	363	450	523
28,000	612	637	470	491	315	376	466	540
<b>29,000</b>	634	660	487	507	326	387	484	559
30,000	640	667	493	513	331	395	492	565
<b>35,000</b>	728	754	559	580	355	424	568	651
40,000	822	847	630	651	380	448	640	733
<b>45,000</b>	912	941	702	723	397	464	714	812
50,000	1,005	1,029	773	793	435	508	784	891
<b>55,000</b>	1,024	1,048	787	806	448	523	862	979
60,000	1,041	1,066	801	821	460	539	942	1,067
<b>65,000</b>	1,060	1,084	814	834	473	553	1,019	1,156
70,000	1,077	1,102	827	848	485	568	1,098	1,244
<b>75,000</b>	1,093	1,121	842	861	498	581	1,176	1,334
80,000	1,113	1,139	856	876	509	595	1,255	1,422
<b>85,000</b>	1,130	1,157	869	890	523	609	1,331	1,511
90,000	1,147	1,175	882	904	536	626	1,410	1,598
<b>95,000</b>	1,166	1,194	897	917	547	640	1,488	1,690
100,000	1,184	1,211	910	932	560	655	1,568	1,777
<b>105,000</b>	1,230	1,260	946	969	583	681	1,646	1,866
110,000	1,277	1,307	982	1,005	605	706	1,723	1,953
<b>115,000</b>	1,322	1,354	1,016	1,042	627	734	1,802	2,043
120,000	1,370	1,401	1,053	1,078	651	761	1,880	2,130
<b>125,000</b>	1,416	1,450	1,089	1,115	673	785	1,959	2,221

Submit application for quotation if desired limit exceeds \$125,000.

**TERRITORY DEFINITIONS:**

Terr 1: St. Clair County; Cities of Decatur, Peoria, East Peoria and Springfield  
 Terr 2: City of Chicago  
 Terr 3: Remainder of State

**PROPERTY RATES (FIRE & EXT COV) – 1&2 FAMILY DWELLINGS**

Use rates at left for Dwelling, Other Structures, Personal Property and Fair Rental/Addl Living. Personal Property can be written stand-alone.

**RENOVATIONS:**

60 days Max due to Occupancy Endorsement. Rate as Vacant for longer periods of renovation.

**VANDALISM & MALICIOUS MISCHIEF:**

\$.10 per \$100 (Limit must equal sum of limits for coverages A-E; no Vacant or Seasonal risks.)

**RESIDENCE BURGLARY:**

**\$10,000 Max – V&MM must be purchased. Not available on Tenant, Vacant or Seasonal risks.**

<u>Limit</u>	<u>Rate</u>
\$1,000	\$25.00
\$1.00 for each additional \$100 of coverage.	

**PREMISES LIABILITY:**

<u>Limit</u>	<u>1 Family</u>	<u>2 Family</u>	<u>3 or 4 Family</u>
\$ 25,000	\$ 40.00	\$ 60.00	\$100.00
\$ 50,000	\$ 60.00	\$ 80.00	\$120.00
\$100,000	\$ 80.00	\$100.00	\$160.00
\$300,000	\$120.00	\$160.00	\$240.00
\$500,000	\$160.00	\$200.00	\$280.00
<u>Limit</u>	<u>Vacant</u>	<u>Home Day Care</u>	
\$ 25,000	\$10.00/Month	\$34.00/Child	
\$ 50,000	\$12.00/Month	\$36.00/Child	
\$100,000	\$15.00/Month	\$39.00/Child	
\$300,000	\$20.00/Month	\$44.00/Child	
\$500,000	\$40.00/Month	\$46.00/Child	

**MEDICAL PAYMENTS (Liability Required):**  
**\$5,000 Max – Not available on Vacant risks.**

<u>Limit</u>	<u>Rate</u>
\$ 500	\$25.00
\$1,000	\$28.00
\$5.00 for each additional \$1,000 of coverage.	

**VACANT/UNOCCUPIED DWELLINGS:**

**Fire & Extended Coverages Only**  
**3 Month Term – Fully Earned Premium**  
**(No Credit for NC Masonry construction)**

<u>Deductible</u>	<u>PC 1-8</u>	<u>PC 9-10</u>	
\$ 500	\$.42	\$.90	
\$1,000	\$.30	\$.45	<b>Rates are</b>
\$2,500	\$.24	\$.30	<b>per \$100.</b>