



Roush Insurance Services, Inc.
 PO Box 1060 Noblesville, IN 46061-1060
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AGENCY BILL FORM DP 00 01
*Coverage can only be bound with the consent of
 Roush Insurance Services, Inc.*
**ALL 'SUBJECT TO' ITEMS REQUIRED WITHIN TEN
 (10) DAYS OF BINDING – SEE PAGE 2**

INDIANA DWELLING PROGRAM APPLICATION
 Savers Property and Casualty Insurance Company

Binder Requested or Quote Only
 Premium Financing Needed (N/A to 3-month term)

Applicant Name _____

 Mailing Address _____
 City _____ State _____ Zip _____
 Phone: Home _____ Other _____
 Email _____

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

Proposed Effective Date: From _____ to _____

Risk Location: _____ / _____ / _____ / _____ / _____
 House # & Street City County State Zip

Territory _____ Protection Class _____ Miles to Fire Station _____ Total Square Footage _____ # of Stories _____

Year Built _____ Construction: Frame Joisted Masonry/Mixed Construction/Stucco # of Families: 1 2 3 4

Year of Mechanicals: HVAC _____ Plumbing _____ Roof _____, List type _____

Wiring _____, 100 amp minimum service? Yes No Type: Circuit Breakers Fuses

Renovation? No Yes (10% Surcharge), Describe _____, Dates: Start _____ End _____

Work done by licensed contractor(s)? Yes No, By who? _____

Occupancy: Owner: Seasonal? No Yes (25% Surcharge) Tenant: Is applicant also tenant? No Yes (use Owner rates)

Vacant: How long? _____ Why? _____

COVERED PERILS: Fire, lightning, windstorm, hail, explosion, riot or civil commotion, aircraft, vehicle, smoke, volcanic eruption.

LIMITS – MARKET VALUE	DEDUCTIBLE: <input type="checkbox"/> \$500 AOP/\$1,000 WIND & HAIL <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	PREMIUM
\$ _____ (A) Dwelling		\$ _____
\$ _____ (B) Other Structures: <input type="checkbox"/> Garage <input type="checkbox"/> Other _____ <input type="checkbox"/> None		\$ _____
\$ _____ (C) Personal Property (not available on Vacant risks)		\$ _____
\$ _____ (D) Fair Rental Value or (E) Additional Living Expense		\$ _____
SUBTOTAL		\$ _____

CREDITS: Construction: Non-Combustible Poured Masonry (-10% of Subtotal)
 Deductible: -10% of Subtotal for \$1,000 or -15% of Subtotal for \$2,500 (Credit N/A to Vacant) CREDIT \$ _____

SURCHARGES: 3 or 4 Family (+20% of Subtotal) Seasonal (+25% of Subtotal)
 Renovation (+10% of Subtotal) Supplemental Heat* (+\$35.00) SURCHARGE \$ _____

\$ _____ Vandalism & Malicious Mischief (not available on Vacant or Seasonal risks)	\$ _____
\$ _____ Residence Burglary (V&MM required – no Tenant occupied/Vacant/Seasonal risks)	\$ _____
\$ _____ Mine Subsidence <input type="checkbox"/> Dwelling <input type="checkbox"/> Other Structures (Refer to Page 3 for information)	\$ _____
MS Deductible = 2% of Limit w/\$250 minimum, \$500 maximum	PROPERTY TOTAL \$ _____
\$ _____ Liability (not available if guard dog, exotic animal, livestock or vicious animal on premises)	\$ _____
\$ _____ Medical Payments (Liability required – not available on Vacant risks)	\$ _____
\$ _____ Home Day Care Coverage (Owner occupied only – 5 children maximum)	\$ _____
LIABILITY TOTAL \$ _____	

PREMIUM TOTAL (\$250 MP / \$200 if Vacant) \$ _____	
Policy Fee (taxable) \$ _____ 25.00	
TAXABLE SUBTOTAL \$ _____	
2.5% IN Surplus Lines Tax (round to nearest penny) \$ _____	
TOTAL \$ _____	

No Flat Cancellation
Fully Earned (Non-Refundable) Policy Fee
Minimum Earned Premium: 100% for 3-month term,
50% for 6-month term, 25% for 9-month term
or \$35 for 12-month term



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INDIANA 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 _____

INDIANA MINE SUBSIDENCE INSURANCE COVERAGE (NOT APPLICABLE TO VACANT RISKS)

Optional Counties

Offer of Mine Subsidence Insurance Coverage

The Indiana Mine Subsidence Program protects homes and property owners in 26 affected counties in southwestern Indiana along the Illinois Coal Basin. Coverage is optional and is available for an additional premium charge for one to four family dwellings and appurtenant structures located in one of the following Indiana counties: Clay, Crawford, Daviess, Dubois, Fountain, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Montgomery, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warren & Warrick. Mine Subsidence insurance provides up to \$500,000 of coverage or the amount of insurance on the dwelling and/or appurtenant structure, whichever is less, for property damage to the structure caused by mine subsidence. Losses caused by earthquake, landslides, volcanic eruptions, collapse of storm sewer drains or active mining are not covered. Land, trees, crops or other plants and the contents of the structure are also not covered. The annual premium for this coverage is determined by using the below tables.

Dwelling	
Coverage Amount	Premium
\$0 to \$25,000	\$24.00
\$25,001 to \$40,000	\$30.00
\$40,001 to \$60,000	\$36.00
\$60,001 to \$75,000	\$42.00
\$75,001 to \$100,000	\$60.00
\$100,001 to \$125,000	\$80.00
\$125,001 to \$150,000	\$98.00
\$150,001 to \$175,000	\$114.00
\$175,001 to \$200,000	\$130.00
\$200,001 to \$225,000	\$146.00
\$225,001 to \$250,000	\$163.00
\$250,001 to \$275,000	\$179.00
\$275,001 to \$300,000	\$195.00
\$300,001 to \$325,000	\$211.00
\$325,001 to \$350,000	\$228.00
\$350,001 to \$375,000	\$244.00
\$375,001 to \$400,000	\$260.00
\$400,001 to \$425,000	\$276.00
\$425,001 to \$450,000	\$293.00
\$450,001 to \$475,000	\$309.00
\$475,001 to \$500,000	\$325.00

Non-Dwelling (Other Structures)	
Coverage Amount	Premium
\$0 to \$25,000	\$42.00
\$25,001 to \$35,000	\$48.00
\$35,001 to \$45,000	\$54.00
\$45,001 to \$55,000	\$60.00
\$55,001 to \$65,000	\$66.00
\$65,001 to \$75,000	\$72.00
\$75,001 to \$85,000	\$75.00
\$85,001 to \$100,000	\$90.00
\$100,001 to \$125,000	\$115.00
\$125,001 to \$150,000	\$138.00
\$150,001 to \$175,000	\$159.00
\$175,001 to \$200,000	\$179.00
\$200,001 to \$225,000	\$207.00
\$225,001 to \$250,000	\$230.00
\$250,001 to \$275,000	\$253.00
\$275,001 to \$300,000	\$276.00
\$300,001 to \$325,000	\$299.00
\$325,001 to \$350,000	\$322.00
\$350,001 to \$375,000	\$345.00
\$375,001 to \$400,000	\$368.00
\$400,001 to \$425,000	\$391.00
\$425,001 to \$450,000	\$414.00
\$450,001 to \$475,000	\$437.00
\$475,001 to \$500,000	\$460.00

INDIANA DWELLING PROGRAM – SAVERS PROPERTY AND CASUALTY INSURANCE COMPANY
Annual Rates – \$35.00 Minimum Earned Premium – \$250 Minimum Premium (\$200 MP if Vacant)

Territory	1		2		3		1-3	
Prot Cls	1-8		1-8		1-8		9-10	
Occup	Own	Ten	Own	Ten	Own	Ten	Own	Ten
Limit	Rates are for Frame/Joisted Masonry/Mixed Construction/Stucco.							
	** Rate each Coverage separately. **							
5,000	124	174	116	160	105	145	197	262
10,000	173	241	158	221	144	201	274	362
11,000	183	255	167	234	152	213	289	384
12,000	191	268	176	246	160	224	304	402
13,000	201	281	185	257	168	234	318	422
14,000	210	295	194	271	176	246	334	443
15,000	221	309	202	282	184	256	349	462
16,000	230	322	210	295	191	268	364	484
17,000	240	336	220	307	200	279	380	504
18,000	250	349	229	319	208	290	395	521
19,000	257	362	238	333	216	303	410	545
20,000	268	375	246	345	224	314	425	563
21,000	278	389	254	358	231	325	440	584
22,000	288	402	264	370	240	336	455	604
23,000	297	415	274	382	249	347	470	624
24,000	306	430	281	395	255	359	486	644
25,000	317	442	290	407	264	370	501	664
26,000	327	457	298	420	271	382	517	686
27,000	336	470	307	430	279	391	531	704
28,000	345	482	317	442	288	402	546	724
29,000	354	496	325	455	295	414	561	746
30,000	364	509	334	468	304	425	576	763
35,000	397	554	363	508	330	462	627	833
40,000	428	600	394	549	358	499	678	899
45,000	461	644	422	590	384	536	728	966
50,000	493	689	451	630	410	573	779	1,033
55,000	524	734	481	673	437	612	829	1,100
60,000	557	777	509	714	463	649	880	1,168
65,000	589	823	540	755	491	686	931	1,234
70,000	620	868	569	795	517	723	981	1,301
75,000	652	912	597	836	543	760	1,032	1,368
80,000	684	957	627	878	570	798	1,081	1,436
85,000	716	1,001	656	919	596	835	1,133	1,503
90,000	748	1,047	686	959	624	872	1,184	1,570
95,000	781	1,091	715	1,000	650	909	1,234	1,636
100,000	812	1,135	745	1,041	677	946	1,285	1,704
105,000	844	1,181	773	1,081	703	983	1,334	1,770
110,000	876	1,224	802	1,123	729	1,021	1,386	1,838
115,000	908	1,269	833	1,165	757	1,059	1,437	1,904
120,000	941	1,316	861	1,206	783	1,096	1,487	1,971
125,000	971	1,359	891	1,246	810	1,133	1,538	2,039

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

TERRITORY DEFINITIONS:

Terr 1: Counties of Lake and Marion
 Terr 2: Cities of Anderson, Evansville, Ft Wayne, Marion, Mishawaka, Muncie, South Bend, Terre Haute and West Terre Haute
 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:

Terr 1: \$.30 per \$100; Terr 2 & 3: \$.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.

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

PREMISES LIABILITY:

Limit	1 Family	2 Family	3 or 4 Family
\$ 25,000	\$ 40.00	\$ 60.00	\$ 90.00
\$ 50,000	\$ 45.00	\$ 65.00	\$110.00
\$100,000	\$ 50.00	\$ 75.00	\$120.00
\$300,000	\$ 60.00	\$ 85.00	\$135.00
\$500,000	\$ 80.00	\$ 95.00	\$150.00

Limit	Vacant	Home Day Care
\$ 25,000	\$10.00/Month	\$32.00/Child
\$ 50,000	\$12.00/Month	\$35.00/Child
\$100,000	\$15.00/Month	\$38.00/Child
\$300,000	\$20.00/Month	\$45.00/Child
\$500,000	\$40.00/Month	\$55.00/Child

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

Limit	Rate
\$ 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)

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