



Roush Insurance Services, Inc.
 PO Box 1060 Noblesville, IN 46061-1060
 Ph: (800) 752-8402 Fax: (317) 776-6891
 www.roushins.com
 Email: quote@roushins.com

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**

OHIO DWELLING PROGRAM APPLICATION
 ProCentury 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: \$500 AOP/\$1,000 WIND & HAIL \$1,000 \$2,500 **PREMIUM**

\$ _____ (A) Dwelling \$ _____

\$ _____ (B) Other Structures: Garage Other _____ 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** \$ _____

ADJUSTED TOTAL \$ _____

\$ _____ Vandalism & Malicious Mischief (not available on Vacant or Seasonal risks) \$ _____

\$ _____ Residence Burglary (V&MM required – no Tenant occupied/Vacant/Seasonal risks) \$ _____

\$ _____ Mine Subsidence (Refer to Page 3 for information, applicable counties and rates) \$ _____

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 \$ _____

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

PREMIUM TOTAL (\$250 MP / \$200 if Vacant) \$ _____

Policy Fee (non-taxable) \$ 25.00

5% OH Surplus Lines Tax (round to nearest penny) \$ _____

TOTAL \$ _____



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OHIO 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.

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.

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.
- Completed Ohio Surplus Lines Statement signed and dated by Originating Agent and Applicant.

Applicant's Signature _____ Date _____

Applicant's Printed Name _____

Producer's Signature _____ Date _____

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

Mandatory Counties

Notice of Mine Subsidence Insurance Coverage

Mine subsidence insurance coverage must be included in your property insurance policy if the policy covers a one to four family dwelling structure located in one of the following Ohio counties: Athens, Belmont, Carroll, Columbiana, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Mahoning, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Scioto, Stark, Trumbull, Tuscarawas, Vinton & Washington. Mine Subsidence insurance, provided by the Ohio Mine Subsidence Insurance Underwriting Association, provides up to \$300,000 of coverage or the amount of insurance on the dwelling, whichever is less, for property damage to the structure caused by mine subsidence. Mine subsidence is loss caused by the collapse or lateral or vertical movement of structures resulting from the caving in of underground mines. The annual premium for this coverage is \$1.00.

Optional Counties

Offer of Mine Subsidence Insurance Coverage

This constitutes an offer to include optional mine subsidence insurance coverage in your property insurance policy if the policy covers a one to four family dwelling structure located in one of the following Ohio counties: Delaware, Erie, Geauga, Lake, Licking, Medina, Ottawa, Portage, Preble, Summit & Wayne. Mine Subsidence insurance, provided by the Ohio Mine Subsidence Insurance Underwriting Association, provides up to \$300,000 of coverage or the amount of insurance on the dwelling, whichever is less, for property damage to the structure caused by mine subsidence. Mine subsidence is loss caused by the collapse or lateral or vertical movement of structures resulting from the caving in of underground mines. The annual premium for this coverage is \$5.00. To accept this offer you must complete an application for mine subsidence coverage and return it to your agent. You may obtain this application from your insurance agent who obtained the insurance on your home for you.

OH-MSI-1 (7/2009)

OHIO MINE SUBSIDENCE INSURANCE UNDERWRITING ASSOCIATION APPLICATION

NAME

ADDRESS OF PROPERTY

POLICY #

COUNTY

ProCentury Insurance Company
NAME OF INSURANCE COMPANY

NAME OF INSURANCE AGENT

I HEREBY APPLY FOR MINE SUBSIDENCE INSURANCE COVERAGE. I AGREE THAT NO COVERAGE WILL BE MADE AVAILABLE FOR MINE SUBSIDENCE DAMAGE THAT EXISTS PRIOR TO THE EFFECTIVE DATE OF THIS COVERAGE. I UNDERSTAND THAT IF I ADD THIS COVERAGE TO MY BASIC FIRE OR HOMEOWNERS POLICY AFTER THE POLICY'S EFFECTIVE DATE, THERE IS A 15 DAY WAITING PERIOD FOR THE MINE SUBSIDENCE COVERAGE TO BE EFFECTIVE. I UNDERSTAND THAT THE COVERAGE LIMIT FOR MINE SUBSIDENCE INSURANCE WILL NOT EXCEED THE COVERAGE ON MY DWELLING STRUCTURE, OR \$300,000, WHICHEVER IS LESS. I UNDERSTAND THAT 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.

SIGNATURE

DATE

THIS APPLICATION IS TO BE GIVEN TO YOUR INSURANCE AGENT

OH-MSI-3 (7/2009)

OHIO DWELLING PROGRAM – PROCENTURY 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	149	116	139	105	147	197	276
10,000	173	190	158	174	144	183	274	340
11,000	183	199	167	182	152	190	289	353
12,000	191	208	176	192	160	200	304	371
13,000	201	217	185	200	168	208	318	385
14,000	210	225	194	208	176	216	334	401
15,000	221	236	202	216	184	226	349	419
16,000	230	246	210	225	191	235	364	433
17,000	240	254	220	233	200	242	380	448
18,000	250	265	229	243	208	252	395	466
19,000	257	272	238	252	216	261	410	484
20,000	268	284	246	261	224	271	425	502
21,000	278	295	254	269	231	280	440	519
22,000	288	302	264	277	240	288	455	532
23,000	297	312	274	288	249	299	470	550
24,000	306	321	281	295	255	306	486	569
25,000	317	333	290	305	264	317	501	586
26,000	327	343	298	313	271	325	517	605
27,000	336	353	307	322	279	335	531	621
28,000	345	359	317	330	288	343	546	628
29,000	354	368	325	338	295	351	561	645
30,000	364	379	334	347	304	362	576	662
35,000	397	413	363	378	330	393	627	721
40,000	428	441	394	406	358	422	678	773
45,000	461	475	422	435	384	453	728	830
50,000	493	503	451	460	410	484	779	888
55,000	524	534	481	491	437	511	829	937
60,000	557	568	509	519	463	542	880	994
65,000	589	601	540	551	491	574	931	1,052
70,000	620	632	569	580	517	605	981	1,109
75,000	652	665	597	609	543	635	1,032	1,166
80,000	684	698	627	640	570	667	1,081	1,222
85,000	716	730	656	669	596	697	1,133	1,280
90,000	748	763	686	700	624	730	1,184	1,338
95,000	781	797	715	729	650	761	1,234	1,394
100,000	812	828	745	760	677	792	1,285	1,452
105,000	844	861	773	788	703	823	1,334	1,507
110,000	876	894	802	818	729	853	1,386	1,566
115,000	908	926	833	850	757	886	1,437	1,624
120,000	941	960	861	878	783	916	1,487	1,680
125,000	971	990	891	909	810	948	1,538	1,738

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

TERRITORY DEFINITIONS:

Terr 1: Cities of Cleveland, Columbus, Dayton, Springfield, Toledo and Youngstown
 Terr 2: Cities of Akron, Alliance, Canton, Cincinnati, Hamilton, Lima, Mansfield, Marion, Oregon and Portsmouth
 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.

<u>Limit</u>	<u>Rate</u>
\$1,000	\$35.00
\$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	\$ 90.00
\$ 50,000	\$ 45.00	\$ 65.00	\$110.00
\$100,000	\$ 55.00	\$ 90.00	\$120.00
\$300,000	\$ 75.00	\$100.00	\$140.00
\$500,000	\$ 90.00	\$110.00	\$160.00

<u>Limit</u>	<u>Vacant</u>	<u>Home Day Care</u>
\$ 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.

<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	Rates are
\$2,500	\$.24	\$.30	per \$100.