

# Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

## JOINT VENTURE SUPPLEMENTAL COVERAGE FOR APPLICANT'S INTEREST ONLY

### APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.  
(PLEASE TYPE OR PRINT IN INK)

Note: Please complete all items below for each Joint Venture for which coverage is desired.

### 1. APPLICANT INFORMATION

- a. Name of Joint Venture: \_\_\_\_\_
- b. Joint Venture Project Description and Location: \_\_\_\_\_
- c. Services Performed by Applicant: \_\_\_\_\_
- d. Services Performed by Others: \_\_\_\_\_
- e. Is Applicant's portion of the Joint Venture currently insured?: Yes \_\_\_ No \_\_\_ Carrier: \_\_\_\_\_  
Limit \_\_\_\_\_ Ded \_\_\_\_\_

### 2. OTHER PARTIES TO JOINT VENTURE & THEIR INSURANCE

Name and Address

- a. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Carrier \_\_\_\_\_
- b. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Carrier \_\_\_\_\_
- c. \_\_\_\_\_ Yes \_\_\_ No \_\_\_ Carrier \_\_\_\_\_
- d. Has any claim ever been made against you or against any Joint Venture member with regard to the project named in question No. 1 above? Yes \_\_\_ No \_\_\_. If yes, please attach detailed description.

### 3. JOINT VENTURE

- a. Fees and Construction Values:
  - (i) Total Construction Values of Joint Venture: \$ \_\_\_\_\_
  - (ii) Gross Fees for Joint Venture (all members): \$ \_\_\_\_\_
  - (iii) Your Share of Gross Fees for Joint Venture: \_\_\_\_\_ %
  - (iv) Your Fees: Estimate for coming year:\*  
(from \_\_\_\_\_ to \_\_\_\_\_) \$ \_\_\_\_\_  
Latest 12 months: (from \_\_\_\_\_ to \_\_\_\_\_) \$ \_\_\_\_\_  
Previous 12 months: (from \_\_\_\_\_ to \_\_\_\_\_) \$ \_\_\_\_\_

\*Those fees apply to Joint Venture ONLY
- b. Duration of Joint Venture:
  - (i) Date of Preliminary Design through Completion of Design:  
Beginning of Preliminary Design \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
% of design completed \_\_\_\_\_ %  
Completion date \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

- (ii) Construction Dates: Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)  
Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
- (iii) Percentage of Joint Venture Completed: \_\_\_\_%

c. Former Joint Ventures:

If coverage for completed Joint Ventures is desired, please provide a list of these using same format as above and INCLUDING information on previous coverage for these Joint Ventures.

I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer of Markel Shand, Inc., Underwriting Managers for the Company/Underwriters.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Notice to New Hampshire Applicants:** 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 the person to criminal and civil penalties.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.