

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

SUPPLEMENT FOR PROPERTY APPRAISAL SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____

2. Does the Applicant provide the following property services? If Yes, provide the percentage of total property services provided.

		Percentage
(a) Residential Real Estate:		
(i) Single Family	[] Yes [] No	_____ %
(ii) Multiple Dwellings	[] Yes [] No	_____ %
(b) Commercial Real Estate:		
(i) Apartment	[] Yes [] No	_____ %
(ii) Office/Industrial/Retail	[] Yes [] No	_____ %
(iii) Other (specify) _____	[] Yes [] No	_____ %
(c) Equipment/Machinery	[] Yes [] No	_____ %
(d) Vehicles	[] Yes [] No	_____ %
(e) Art/Antiques/Jewelry	[] Yes [] No	_____ %
(f) Collectibles	[] Yes [] No	_____ %
(g) Other (specify) _____		_____ %
TOTAL		100%

3. Provide the percentage of the Applicant's clients in the following categories:

	Percentage	
(a) Lenders	_____ %	
(b) Property owner or purchaser	_____ %	
(c) Insurance Companies	_____ %	
(d) Governmental Body	_____ %	
(e) Other (specify) _____	_____ %	
TOTAL		100%

4. Does the Applicant or any person proposed for this insurance or any parent company, subsidiary, related or affiliated organization:

- (a) Have any ownership interest in the property being appraised? [] Yes [] No
If Yes, provide details. _____
- (b) Broker or sell property appraised by the Applicant? [] Yes [] No
If Yes, provide details. _____

5. Is licensing required in the state(s) in which the Applicant practices? [] Yes [] No
If Yes, has the Applicant's, or any person proposed for this insurance, license ever been suspended, placed on probation, revoked or restricted in any way? [] Yes [] No
If Yes, provide details. _____

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date