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Applications available at www.roushins.com

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

Apartment Building/Habitational Application

Proposed Dates: From _____ to _____

(Please Note: Quotation may not conform to limits and coverages requested on application.)

Applicant Name _____ Inspection Contact _____

DBA _____ Inspection Contact Phone Number _____

Mailing Address _____ Location Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Website _____

Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____

Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No

Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No,

Reason for Lapse _____

Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____

Is applicant in Bankruptcy? Yes No, Describe _____

Property Limits

1. Property Locations: (Street Address, City, County, State and Zip Code)

Premises ___ Building ___: _____

Occupancy: _____

Premises ___ Building ___: _____

Occupancy: _____

Premises ___ Building ___: _____

Occupancy: _____

Premises ___ Building ___: _____

Occupancy: _____

Premises ___ Building ___: _____

Occupancy: _____

2. Values: (Blanket Coverage Not Available)

Provide Value Per Location	Prem ___ Bldg__	Prem ___ Bldg__	Prem ___ Bldg__	Prem ___ Bldg__	Prem ___ Bldg__
Valuations	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Building	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Business Personal Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Loss of Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Sign	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Equipment Breakdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Improvements	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Deductible: \$1,000 \$2,500 \$5,000

Coverage: Basic Broad Special

General Liability Limits

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

3. Description Of Premises:

Provide Detail Per Location	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__
Construction					
Protection Class					
No. Units—total					
Total square feet					
No. Stories					
Year Built					
Years Owned					
Over 100 Amp Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior aluminum wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof composition & type?					
Are any of the properties student housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Are any of the properties fraternity or sorority houses?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Are any of the properties assisted living facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Are any of the properties nursing/convalescent homes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the properties senior housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Is any dwelling location owner occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the properties subsidized housing in excess of 25%?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
If occupancy is Mobile Home, are they tied down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building(s) condemned or scheduled for demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manager on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
% of occupied Units?	_____ %	_____ %	_____ %	_____ %	_____ %

4. Year Of Updates:

Provide Year & Indicate Full or Partial Update Per Location	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__
Heating/Air Conditioning	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Parking Areas	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Patio Balconies/Railings	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

Updates Continued:	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__
Plumbing	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Roof	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.
Sidewalks	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update
Wiring & Electrical	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

5. Current Renovations:

Provide Detail Per Location	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__
Cost of renovation	\$	\$	\$	\$	\$
Type of renovation					
Certificates for subcontractors on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Any construction or remodeling operations for conversion to or from condominiums and/or townhouses? Yes No

7. Maintenance: (Who performs)

- Janitorial operations? Contractor Employee
- Lawn care operations? Contractor Employee
- Upkeep of sidewalks and driveways? Contractor Employee
- Snow/ice removal operations? Contractor Employee

For all operations performed by an outside contractor:

- Are certificates of insurance on file? Yes No
- Is applicant named as additional insured on their policy? Yes No

8. Fire Protection:

- a. Sprinklered?** Yes No
 If yes: All units? Yes No
 Common areas? Yes No
- b. Smoke detectors in each unit?** Yes No
 If yes: Hard-wire Battery
 How often checked? _____
- c. Fire extinguishers?** Yes No
 If yes: All units? Yes No
 Common areas? Yes No
- d. Number of units per fire division:**

9. Security:

- a. Master keys and locks:**
 - (1) How does management handle the monitoring of master keys? _____
 - (2) Are locks changed/re-keyed when residents vacate the premises? Yes No
- b. Criminal incidents:**
 - (1) Does management advise residents of all criminal activity that has taken place on the properties? Yes No
 If yes, how is this done? _____
 - (2) Is this information provided to prospective renters if requested? Yes No

c. Do the residents' doors or windows contain any of the following?

Provide Detail Per Location	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__	Prem__Bldg__
Deadbolts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lock pins for windows and sliding glass doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Door Viewer or Peephole in any doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Window locks/bars?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. Is security provided? Yes No

If yes, what type?* Gated access Patrol Security alarm systems

***Please complete Apartment Building/Habitational Security Supplement.**

10. Other Exposures (Swimming pools, ponds, etc.): _____

***If there is a swimming pool, please complete Apartment Building/Habitational Swimming Pool Supplement.**

Are any of these exposures available to nonresidents for a fee? Yes No

If yes, annual receipts: \$ _____

11. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

12. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

13. Any new ground up construction operations anticipated within the next twelve (12) months? Yes No

If yes, describe: _____

14. Additional Insured Information:

Name	Address	Interest

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in OH)

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.