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

Apartment Building/Habitation Security Supplement

Proposed Dates: From _____ to _____

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

(1) If gated, please answer the following questions:

Provide Detail Per Location	Prem__ Bldg__	Prem__ Bldg__	Prem__ Bldg__	Prem__ Bldg__	Prem__ Bldg__
Entire apartment complex gated?	<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
Who is given access?					
How is access obtained: guard at gate, card or security code?	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code	<input type="checkbox"/> Guard <input type="checkbox"/> Card <input type="checkbox"/> Code
If guard at gate, advise how many and if armed or unarmed.	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	No. _____ <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
If gate is card or security code access, how often is maintenance done on the gate?					
What procedure is in place if gate is not working?					

(2) If patrol, please answer the following questions:

Provide Detail Per Location	Prem__ Bldg__	Prem__ Bldg__	Prem__ Bldg__	Prem__ Bldg__	Prem__ Bldg__
# of armed guards?					
# of unarmed guards?					
Are guards employees of management or contractor?	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor	<input type="checkbox"/> Mgmt. <input type="checkbox"/> Contractor
If contractor, are certificates of insurance required?	<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 applicant named as additional insured on their policy?	<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 security 24 hours?	<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 they responsible for residents' safety and/or complex/amenities?	<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

(3) If security alarm systems are provided, please answer the following questions:

Provide Detail Per Location	Prem __ Bldg __	Prem __ Bldg __	Prem __ Bldg __	Prem __ Bldg __	Prem__Bldg__
Alarm systems in every unit?	<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
Residents shown how to operate the alarm systems?	<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
Who monitors the alarms?					