

Roush Insurance Services, Inc.
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Applications available at www.roushins.com

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

Church/House of Worship 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 _____

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 _____

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

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 ___
Valuation	<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	\$ _____	\$ _____	\$ _____
Stained/Decorative Glass	Value \$ _____	Value \$ _____	Value \$ _____
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

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

Coverage: Basic Broad Special

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

3. Description Of Premises:

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___
Construction			
Protection Class			
Steeple Height			
Lightning Protection	<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 Building Occupied	_____ %	_____ %	_____ %
Total square feet			

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___
No. Stories			
Year Built			
No. Apt. Units (Exclude Parsonage)			
Distance to nearest building?	_____ ft	_____ ft	_____ ft
Within City Limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum 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
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
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
Sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does building have a central alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg
Comm'l cooking 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
Is there a fire suppression unit with a service contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Every 6 mo.
Smoker/BBQ 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
Fire suppression protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any subsidized or student housing? If yes give %.	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %

4. Year Of Updates:

Provide Detail	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
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
Roof	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Exclusion	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Exclusion	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Exclusion
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

5. Are Recreational Facilities provided?..... Yes No
 Are Faith Healing activities conducted?..... Yes No
 Describe _____
6. Are Day Care Facilities operated or controlled?..... Yes No
 Number of Children per Day _____ Number of Teachers _____
 Are there any services for Autistic, Special Needs Children and/or Sick Child Daycare?..... Yes No
 Describe _____
7. Are Revival Meetings held?..... Yes No
 Average attendance at meetings _____ Number of meetings & frequency _____
 Are meetings held in tents?..... Yes No
 Describe how tents are set up _____
8. Are counseling services offered?..... Yes No
 If Yes, Please complete Clergy Counseling Errors & Omissions Application to obtain a quote for this coverage.
9. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?..... Yes No

10. Are there any Safety and Security Procedures in Place?..... Yes No
Describe (Alarm, Fence, Signs, Etc.): _____
11. Is there a Parking Lot on Premises for Customers?..... Yes No
Size of Parking Lot _____ sq ft Maintained by _____
12. Any Bodies of Water/Swimming Pools on Premises?..... Yes No
Describe _____
13. Is the church building rented out for Special Events?..... Yes No
Describe _____
14. Are Social Events, Camps and/or Fundraisers are conducted?..... Yes No
No. On Premises ____ No. Off Premises ____ Describe _____
15. Are any New Operations Planned in the Next Twelve Months?..... Yes No
Describe _____
16. Hours of Operation: Mon-Thu _____ Fri _____ Sat _____ Sun _____
17. Other Business on Premises?..... Yes No
Describe _____
18. Does the Applicant own, rent or operate any other buildings or businesses?..... Yes No
Describe _____

Athletic participants will be excluded from coverage.

19. **Mortgagee/Loss Payable Information:** Mortgagee Contract Buyer Contract Seller Loss Payable Addtl. Ins.

Name	Address	Loan Number

Other Pertinent Information: _____

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.

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.

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: _____

PRODUCER'S SIGNATURE: _____ DATE: _____