

**Roush Insurance Services, Inc.**  
**PO Box 1060, Noblesville IN 46061-1060**  
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**Applications available at [www.roushins.com](http://www.roushins.com)**

Agency \_\_\_\_\_ Code \_\_\_\_\_  
 Producer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Commercial Property 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:** \_\_\_\_\_

**Premises** \_\_\_\_\_ **Building** \_\_\_\_\_:

**Occupancy:** \_\_\_\_\_

**2. Values: (Blanket Coverage Not Available)**

Provide Value Per Location	Prem _____ Bldg _____	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	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Building	\$ _____	\$ _____	\$ _____	\$ _____
Business Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Loss of Income	\$ _____	\$ _____	\$ _____	\$ _____
Sign	\$ _____	\$ _____	\$ _____	\$ _____
Purchase Price	\$ _____	\$ _____	\$ _____	\$ _____
Improvements	\$ _____	\$ _____	\$ _____	\$ _____
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

**Deductible:**  \$1,000  \$2,500  \$5,000 **Coverage:**  Basic  Broad  Special

**3. Description Of Premises:**

Provide Detail Per Location	Prem _____ Bldg _____	Prem _____ Bldg _____	Prem _____ Bldg _____	Prem _____ Bldg _____
Construction				
Protection Class				
No. Apt. Units				
% of Building Occupied	_____ %	_____ %	_____ %	_____ %
Total square feet				
No. Stories				

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___
Year Built				
Distance to nearest building?	_____ ft	_____ ft	_____ ft	_____ ft
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	<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
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
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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fire <input type="checkbox"/> Brg
Comml 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	<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.	<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	<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	<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 _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %

4. Year Of Updates:

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

5. Mortgagee/Loss Payable Information:  Mortgagee  Contract Buyer  Contract Seller  Loss Payable

Name	Address	Loan Number

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: \_\_\_\_\_