

Roush Insurance Services, Inc.
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Email: quote@roushins.com
Applications available at www.roushins.com

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

Commercial General Liability 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 _____

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

1. Estimated Annual Employee Payroll (excluding all owners): \$ _____ Total Number of Owners: _____
 Estimated Annual Receipts: \$ _____ Premises Area: _____ sq ft Apartments? No Yes, How many? _____
 Estimated Annual Cost of Subcontractors: \$ _____
2. Are Subcontractors Utilized in Applicant's Operations?..... Yes No
 Do Subcontractors Carry Same or Greater Liability Limits?..... Yes No
 Are Certificates of Insurance Required?..... Yes No
3. Does Applicant Provide Guarantees, Warranties or Hold Harmless Agreements?..... Yes No
 Describe _____
4. Does Applicant use Cranes?..... Yes No
 Maximum Size Capacity _____ Length of Boom _____ ft
5. Lessor's Risk?..... Yes No
 Does Applicant Require Proof of Liability Insurance from All Commercial Tenants?..... Yes No
 Is Applicant Listed as Additional Insured on All Commercial Tenants' General Liability Policies? Yes No
6. Are Recreational Facilities provided?..... Yes No
7. Are Day Care Facilities operated or controlled?..... Yes No
8. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?..... Yes No
9. Are there any Safety and Security Procedures in Place?..... Yes No
 Describe (Alarm, Fence, Signs, Etc.): _____
10. Is there a Parking Lot on Premises for Customers?..... Yes No
 Size of Parking Lot _____ sq ft Maintained by _____
11. Any Bodies of Water/Swimming Pools on Premises?..... Yes No
 Describe _____
12. Are any New Operations Planned in the Next Twelve Months?..... Yes No
 Describe _____

13. Hours of Operation: Mon-Thu _____ Fri _____ Sat _____ Sun _____

14. Other Business on Premises?..... Yes No
Describe _____

15. Description of Operations (Mark all that apply):

<input type="checkbox"/> Consulting Services	<input type="checkbox"/> Products related to Aircraft/Automobile Industry
<input type="checkbox"/> Drawing plans, designs, or specifications	<input type="checkbox"/> Selling or distributing foreign products or parts
<input type="checkbox"/> Demolition, blasting, utilization or storage of explosive materials	<input type="checkbox"/> Selling or repackaging products under applicant's label
<input type="checkbox"/> Excavation, tunneling, underground work or earth moving	<input type="checkbox"/> Sponsoring sporting or social events
<input type="checkbox"/> Installing, servicing or demonstrating products	<input type="checkbox"/> Storing, treating, discharging, applying, disposing of or transporting hazardous materials
<input type="checkbox"/> Loaning or renting machinery or equipment to others	<input type="checkbox"/> Welding or cutting
<input type="checkbox"/> Manufacturing products or parts	<input type="checkbox"/> Work over 3 Stories (exterior)
Describe in Detail:	

16. Additional Insured Information:

Name	Address	Interest

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.

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 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.