

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

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

Commercial Inland Marine Contractor's Equipment 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 _____

Annual Income: Last Year \$ _____ Estimated Current Year \$ _____

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 _____

Deductible: \$1,000 \$2,500 \$5,000 **Coverage:** Named Perils All Risk

1. Schedule of Equipment (Excluding Cranes):

Item #	Description	Manufacturer	Year	Model	Serial #	Amount of Insurance
1						
2						
3						
4						
5						
6						
7						
8						

Schedule for Cranes

Item #	Describe Type, Length of Boom, & Maximum Load Capacity	Date Purchased	New (N)/ Used (U)		Purchase Price	Year	Serial #	Amount of Insurance
9			Base Unit					\$
			Boom					
			JIB Access					
			TOTAL					
10			Base Unit					\$
			Boom					
			JIB Access					
			TOTAL					

2. Are all employees (including temporaries) trained to handle the equipment they will operate?..... Yes No
3. Is Any Equipment Licensed for Road Use?..... Yes No
Describe _____
4. Is Equipment Operated outside a Radius of 100 Miles?..... Yes No
Describe _____
5. Is Equipment Operated In or Near Water?..... Yes No
Is Equipment Operated on Slopes over 15% Grade?..... Yes No
Describe Operator's Experience: _____
Describe the location and types of projects including the terrain and conditions where the equipment is usually operated: _____
6. Any Underground Exposures?..... Yes No
Describe _____
7. Is there an Equipment Inspection and Maintenance Program in Place?..... Yes No
Are fire extinguishers present on Equipment?..... Yes No
Maintained by _____
8. Is Equipment left Unattended at Job Sites?..... Yes No
Describe _____

9. Equipment Storage:

In Building	Outside	Max. Value Per Item	Location & Construction of Building
\$	\$		
\$	\$		

10. Is any of the equipment stored indoors? Yes No
If yes:
a. Are there any recognized approved central station fire alarm system and fire extinguishers? Yes No
b. Are recognized approved central station burglar alarms installed and maintained? Yes No
c. Is the storage site or any portion of the site equipped with a sprinkler system? Yes No
d. Are no-smoking rules posted and enforced? Yes No
11. At the job and storage sites:
a. Is there security lighting? Yes No
b. Are the sites fenced?..... Yes No
c. Are there any hazardous or flammable materials stored in close proximity to the equipment? Yes No
d. Are any of the permanent storage areas subject to flooding? Yes No
12. At the site where the equipment is stored:
a. What is the Public Protection Class (PPC) rating?..... _____
b. Are there any private protection improvements? Yes No
c. What is the distance in feet to the nearest fire hydrant? _____ feet
d. What is the distance in miles to the nearest responding fire department?..... _____ miles
13. Is there a Functioning Shut-Off Device?..... Yes No
Are there Locking Gas Caps?..... Yes No
Are There Anti-Theft Devices? Yes No
Is LoJack, OnStar or a similar Alarm System operational?..... Yes No
Any Other Please Describe _____
14. Is Equipment transported?..... Yes No
Describe (Own vehicles, common carrier, etc.) _____
Are the transporting vehicle and tie down equipment checked out before use?..... Yes No
15. Are there any Miscellaneous tools?..... Yes No
Limit per Occurrence \$ _____ Max. Limit per tool _____ (Up to \$1,000 Max Per Tool)
Describe any Repair Operations _____
Proportion of Time Stored? _____

16. Is Equipment Leased or Loaned To Anyone Else?..... Yes No
 Describe _____

17. Is Equipment Leased/Rented or Borrowed from Others (for less than twelve [12] months)?..... Yes No
 If yes please fill out below:

Limit: Any 1 crane	\$	Any other items	\$	Aggregate	\$
Deductible:		\$			
Cost of Leasing:	\$	Average Time Period Rental:	Number of Times Rented Per Year:		
Type of equipment leased:					
Total value of equipment borrowed (on average at any one time):					\$
Type of equipment borrowed:					

18. Does Applicant have a General Liability and Commercial Auto Policy?..... Yes No
 Please List Carriers, Policy #'s and Terms: _____

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

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.

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 SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____