

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 _____

Grocery/Convenience Store 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 for Lapse: _____
 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: _____

2. Values: (Blanket Coverage Not Available)

Provide Value Per Location	Prem ___ Bldg ___ <input type="checkbox"/> ACV <input type="checkbox"/> RC	Prem ___ Bldg ___ <input type="checkbox"/> ACV <input type="checkbox"/> RC
Valuation		
Building	\$	\$
Business Personal Property	\$	\$
Loss of Income	\$	\$
Canopy/Awning	\$	\$
Fuel Pumps	\$	\$
Sign	\$	\$
Equipment Breakdown	<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

General Liability Limits \$ _____ Per Occurrence / \$ _____ Aggregate

3. Sales:

Provide Sales Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Grocery Sales	\$	\$
Beer/Wine/Liquor Sales	\$	\$
Tobacco Sales	\$	\$
Car Wash Sales	\$	\$
Fuel Sales in Gallons	_____ Gallons	_____ Gallons
Number of Fuel Pumps		

Provide Sales Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
LPG Sales	\$	\$
Other: _____	\$	\$

4. Description Of Premises:

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___
Construction		
Protection Class		
No. Apt. Units		
% of Building Occupied	_____ %	_____ %
Total square feet		
No. Stories		
Year Built		
Distance to nearest building?	_____ ft	_____ ft
Minimum 100 Amp Service?	<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
Interior aluminum wiring?	<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
Fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does bldg have a central alarm sys?	<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
Commercial cooking on premises?	<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.
Smoker/BBQ on premises?	<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
Does store sell Fireworks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does store sell Firearms/Ammunition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Year Of Updates:

Provide Detail	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
Plumbing	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 Excl.	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Roof Excl.
Wiring & Electrical	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update

6. Are there any Firearms on Premises?..... Yes No
Describe _____
7. 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
8. Are Auto/Tire Repairs done on Premises?..... Yes No
Describe _____
9. Are there Safety and Security Procedures in Place?..... Yes No
Describe (Alarm, Fence, Firearms, Signs, Etc.): _____

10. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?..... Yes No
11. Is there a Parking Lot on Premises for Customers?..... Yes No
 Size of Parking Lot _____ sq ft Maintained by _____
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. **Mortgagee/Loss Payable Information:** Mortgagee Contract Buyer Contract Seller Loss Payable A.I.

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: _____