

Roush Insurance Services, Inc.
PO Box 1060, Noblesville IN 46061-1060
Ph: (800) 752-8402 Fax: (317) 776-6891
Email: quote@roushins.com
Applications available at www.roushins.com

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

STABLE LIABILITY APPLICATION

Proposed Dates: From _____ to _____

DBA _____ Individual Partnership Corporation Other _____
 Applicant Name _____ Inspection Contact _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____

Business Description _____

Length of Time in Business/Experience _____ yrs _____ mos New Venture? No Yes Non-Profit? No Yes

Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? No Yes, Reason _____

Any Claims in Last Three Years? No Yes, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? No Yes, Reason _____

DESIRED LIMITS & COVERAGES (Please Note: Quotation may not conform to limits and coverages requested on application.)

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

Estimated Annual Employee Payroll (excluding all owners): \$ _____ Total Number of Owners: _____

Estimated Annual Receipts: \$ _____ Premises Area: _____ sq ft Apartments? No Yes, How many? _____

Boarding

Total # of Stalls used for Boarding Purposes: _____ Total # of Horses Currently Boarded: _____

Pasturing or Private

Total # of Horses being Pastured only: _____ Total # of Privately Owned Horses not Rented to Others: _____

Describe Use of Privately Owned Horses (i.e. Racing, Pleasure, Breeding): _____

Premises Riding Rings

Total Area of Stable Operations only: _____ sq ft Total # of Riding Rings: _____

Total Area of Pasture Facilities: _____ sq ft Total # of Buildings & Structures: _____

Describe Area, Construction & Purpose of Buildings:

Description	Area	Construction	Purpose
	sq ft		
	sq ft		
	sq ft		
	sq ft		

Other Business on Premises? No Yes, Describe _____

Additional Insured _____ Interest _____

Mailing Address _____ City _____ State _____ Zip _____

Other Pertinent Information: _____

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 Nebraska, Oregon and Vermont.**

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

APPLICANT SIGNATURE _____ DATE _____

AGENT SIGNATURE _____ DATE _____