

**Roush Insurance Services, Inc.**  
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Agency \_\_\_\_\_ Code \_\_\_\_\_  
 Producer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

For Ground-Up projects complete Builders Risk Application.

**Vacant Building 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

Real Estate Management Experience: \_\_\_\_\_ years \_\_\_\_\_ months, Describe \_\_\_\_\_

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

**2. Values:** If existing structures are being insured on this policy with renovation/remodel, limits must add up to 100% of the completed value.

Provide Value Per Location	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
Building-Existing Structure	\$	\$	\$
Building Improvements (100% RC)	\$	\$	\$
Business Income	\$	\$	\$
Purchase Price	\$	\$	\$
Signs	\$	\$	\$
Soft Costs	\$	\$	\$
<b>Total</b>	\$	\$	\$

**Deductible:**  \$1,000  \$2,500  \$5,000

**Commercial General Liability Limits \$** \_\_\_\_\_ **Per Occurrence / \$** \_\_\_\_\_ **Aggregate**

**3. Description Of Premises:**

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

Provide Detail Per Location	Prem ___ Bldg ___	Prem ___ Bldg ___	Prem ___ Bldg ___
Total square feet			
Year Built			
General Condition of Building			
Prior Occupancy			
Length of time Vacant			
How often is building visited?			
Distance to nearest building?	_____ ft	_____ ft	_____ ft
Within City Limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities in Service	<input type="checkbox"/> Heat <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Heat <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Heat <input type="checkbox"/> Water <input type="checkbox"/> Gas <input type="checkbox"/> Electric
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
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
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
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
Will the building be Demolished?	<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
Flammables 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
Any Underground Storage	<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 Existing Damage	<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 the building condemned?	<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 the building for Sale or Lease?	<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 ___
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
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
Roof	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Exclude Coverage	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Exclude Coverage	Year: _____ <input type="checkbox"/> Full Update <input type="checkbox"/> Partial Update <input type="checkbox"/> Exclude Coverage
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

**5. Non Vacant Exposure: (Occupied part of building) Describe**

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
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.
Smoker/BBQ on premises? 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	<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 _____ %

6. Is Property Protected from Unauthorized Access?.....  Yes  No  
Describe (Alarm, Fence, Signs, Etc.): \_\_\_\_\_
7. Have any Crimes Occurred or Been Attempted on your Premises within the Last 3 Years?.....  Yes  No
8. Is there a Parking Lot on Premises?.....  Yes  No  
Size of Parking Lot \_\_\_\_\_ sq ft Maintained by \_\_\_\_\_
9. Any Bodies of Water/Swimming Pools on Premises?.....  Yes  No  
Describe \_\_\_\_\_
10. Are any New Operations Planned in the Next Twelve Months?.....  Yes  No  
Describe \_\_\_\_\_
11. Lessor's Risk?.....  Yes  No  
Square Footage of Leased Space?..... \_\_\_\_\_ sq ft  
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
12. Are Recreational Facilities provided?.....  Yes  No

**Renovations/Remodeling:**

13. Project Starting Date: \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_  
Who is performing work?  Licensed Contractor  Applicant acting as General Contractor  Other, \_\_\_\_\_  
Do Contractors or Subcontractors provide Certificates of Insurance and add Applicant as Additional Insured?.....  Yes  No  
Describe work that is being done: \_\_\_\_\_
14. Is scaffolding owned/rented/erected by Applicant?.....  Yes  No  
Will applicant occupy building when completed?.....  Yes  No
15. Does Applicant Provide Guarantees, Warranties or Hold Harmless Agreements?.....  Yes  No  
Describe \_\_\_\_\_
16. Does Applicant use Cranes?.....  Yes  No  
Maximum Size Capacity \_\_\_\_\_ Length of Boom \_\_\_\_\_ ft

19. **Mortgagee/Loss Payable Information:**  Mortgagee  Additional Insured  Loss Payable

Name	Address	Interest

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: \_\_\_\_\_