

# Roush Insurance Services, Inc.

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## ADDITIONAL FARM DWELLINGS SUPPLEMENTAL APPLICATION

Location No.: \_\_\_\_\_ Dwelling No.: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

### COVERAGES/LIMITS OF INSURANCE

	Dwelling (Coverage A)	Other Private Structures (Coverage B)	Personal Property (Coverage C)	Loss of Use (Coverage D)
Limit	\$ _____	\$ _____	\$ _____	\$ _____
Cause Of Loss	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> Basic <input type="checkbox"/> Broad	
Loss Settlement	<input type="checkbox"/> ACV <input type="checkbox"/> RC <input type="checkbox"/> FRC	Same as Coverage A	<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Deductible Type & Amount (%/\$)	<input type="checkbox"/> All perils: _____ <input type="checkbox"/> Wind & Hail: _____ <input type="checkbox"/> Other: _____			

### RATING/UNDERWRITING

Year Built	Purchase Date	Construction Type		Usage Type	Occupancy	Windstorm Loss Mitigation Features		
		<input type="checkbox"/> Frame	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Primary	<input type="checkbox"/> Owner	<input type="checkbox"/> Hurricane Straps		
		<input type="checkbox"/> Masonry	<input type="checkbox"/> EIFS	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tenant	<input type="checkbox"/> Wind Shutters		
Square Feet	Replacement Cost \$ _____	<input type="checkbox"/> Masonry Veneer	<input type="checkbox"/> Log Home	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Farm Renter (Tenant Package)	<input type="checkbox"/> HIP Roof		
No. Families	Market Value \$ _____	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Hand-hewn	<input type="checkbox"/> COC/Reno	<input type="checkbox"/> Vacant	<input type="checkbox"/> Impact Resistant Glass		
		<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Milled		<b>No. of Months:</b> _____			
		<input type="checkbox"/> MFG/Mobile Home	<input type="checkbox"/> Kit					
		<input type="checkbox"/> Tied Down	<input type="checkbox"/> Other: _____					
		<input type="checkbox"/> Portable						
		<input type="checkbox"/> Skirted						
Territory Code	Protection Class	Distance To		Protection Device Type			Visible to Neighbors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hydrant	Fire Station	System	Smoke	Temperature	Burglar	Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts
		FT	MI	Central	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial
Fire District / Code No.: _____ /			Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Updates	Partial	Complete	Year	Details
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No      Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No      No. of Amps _____ Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No      Knob & Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____      Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/>	<input type="checkbox"/>		Primary: _____      Secondary: _____ <input type="checkbox"/> None Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No      Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," attach photo and mandatory Woodstove questionnaire      If "yes," are they thermostatically controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type/Material: _____      Condition of Roof: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No