

# Roush Insurance Services, Inc.

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## COMMERCIAL FINE ARTS APPLICATION

1. Name of Applicant: \_\_\_\_\_
2. Web site Address: \_\_\_\_\_
3. Location Address: \_\_\_\_\_
4. Proposed Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_
5. Applicant's Business: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_
6. Contact for Inspection:  
Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
7. Have you declared bankruptcy or been in receivership within the past five years? .....  Yes  No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

### GENERAL INFORMATION AND PROTECTION OF MISCELLANEOUS ARTICLES

8. What are the ages, types of construction and protection classes of the premises? \_\_\_\_\_
9. Do you display property of others? .....  Yes  No
10. Are appraisals made by an independent company and are accurate records kept? .....  Yes  No
11.  If this box is checked, the **Breakage** Exclusion does not apply.

### PROTECTION OF PROPERTY

12. Are recognized approved central alarm station burglar alarms installed and maintained? .....  Yes  No
13. Are the storage areas locked at all times when unoccupied? .....  Yes  No
14. Are there any hazardous or flammable materials used or stored on the premises? .....  Yes  No
15. At the premises where the fine arts, jewelry and statues are generally displayed or stored:
  - a. What is the Public Protection Class (PPC) rating? \_\_\_\_\_
  - b. What is the distance in feet to the nearest fire hydrant? \_\_\_\_\_
  - c. What is the distance in miles to the nearest responding fire department? \_\_\_\_\_
  - d. Are no-smoking rules clearly posted and enforced? .....  Yes  No
16. Are the premises or any portion of the premises equipped with a sprinkler system? .....  Yes  No
17. Are there fire doors and fire stops between the various display and storage areas?.....  Yes  No
18. Are the premises equipped with a recognized approved central station fire alarm system and fire extinguishes?.....  Yes  No
19. Are any fine arts, jewelry or statues stored in basements or subbasements? .....  Yes  No  
If yes, are they stored off the ground, and are the storage areas equipped with a water detection system?.....  Yes  No

**LIMITS OF INSURANCE AND DEDUCTIBLE**

20. Complete all that apply.

Property At Your Premise	Limits Of Insurance
Address A:	
a.	\$
b.	\$
c.	\$
Address B:	
a.	\$
b.	\$
c.	\$
Property in Transit	\$
All Covered Property In Any One Occurrence	\$
Deductible	\$

**ADDITIONAL INFORMATION**

21. List previous insurance carrier: \_\_\_\_\_  
 \_\_\_\_\_
22. Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured: \_\_\_\_\_  
 \_\_\_\_\_
23. List any additional information attached with the application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 to Nebraska, Oregon or Vermont).**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In

addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE ,VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IOWA LICENSED AGENT: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_ AGENT'S LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida agents only)

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON'S PHONE NUMBER: \_\_\_\_\_