

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

DISTRIBUTORS AND WHOLESALERS PROGRAM GENERAL LIABILITY SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

Location Address: _____

Agency Name: _____
Agent No.: _____
Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Provide detailed description of the products the applicant distributes: _____

2. Does the product manufacturer(s) have a website? Yes No
If yes, provide website address(es): _____

3. Does applicant verify manufacturer(s) have products liability coverage? Yes No
4. Is applicant named as an additional insured by the manufacturer(s)? Yes No
5. Who are the applicant's primary customers? _____
6. What percent of sales is retail?..... _____ %
7. What percent of sales are via the internet? **Retail**..... _____ %
Wholesale..... _____ %
8. Does applicant import directly from foreign countries? Yes No
9. Does applicant manufacture or assemble any products? Yes No
10. Is applicant a manufacturer's representative for any products sold or distributed? Yes No
11. Does applicant do any relabeling, repackaging, mixing or blending of products? Yes No
If yes, explain: _____
12. Does applicant perform or subcontract any installation, servicing or repair of any products? Yes No
13. Are any products sold under applicant's label? Yes No

14. **Does applicant sell any used items?** Yes No
 If yes, what percent of sales does this represent? _____ %
 Any refurbishing or repair done prior to resale? Yes No
15. **Are any products sold intended for use in the airline or oil/gas industry?**..... Yes No
16. **Any distribution of oysters, clams, or mussels harvested from the Gulf of Mexico?** Yes No
17. **Does applicant hold a patent for any product?** Yes No
 If yes, explain: _____
18. **Has applicant designed any products or had products designed by others?** Yes No
 If yes, explain: _____
19. **Indicate which of the following products applicant distributes or sells:**
- | | |
|---|---|
| <input type="checkbox"/> Aircraft or related products | <input type="checkbox"/> Foreign products |
| <input type="checkbox"/> Ammunition/Black powder | <input type="checkbox"/> Fuel |
| <input type="checkbox"/> Anhydrous ammonia | <input type="checkbox"/> Fur apparel |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Industrial valves and fittings |
| <input type="checkbox"/> Art | <input type="checkbox"/> Jewelry or gemstones |
| <input type="checkbox"/> Blood or plasma | <input type="checkbox"/> Liquor sales via internet |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Medical equipment |
| <input type="checkbox"/> Cell phones or pagers | <input type="checkbox"/> Museum artifacts |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Natural, artificial or liquid petroleum or gas |
| <input type="checkbox"/> Collectible/Memorabilia sales | <input type="checkbox"/> Oriental rugs |
| <input type="checkbox"/> Computer equipment | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Contractors equipment | <input type="checkbox"/> Photography equipment |
| <input type="checkbox"/> Electronic/Vapor cigarettes | <input type="checkbox"/> Recording equipment |
| <input type="checkbox"/> Electronic equipment/Components | <input type="checkbox"/> Sporting goods or Athletic equipment |
| <input type="checkbox"/> Electronic media (i.e., CDs, DVDs, etc.) | <input type="checkbox"/> Stereo equipment |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Telecommunication equipment |
| <input type="checkbox"/> Feed, grain or seeds | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Fertilizer | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Vitamins or health supplements |
20. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** Yes No
 If yes, describe: _____
21. **Does applicant have other business ventures for which coverage is not requested?**..... Yes No
 If yes, explain and advise where insured: _____

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 Nebraska, Oregon and 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 in 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 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. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

————— 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.