

# Roush Insurance Services, Inc.

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## EXCESS PERSONAL/PREMISES LIABILITY APPLICATION

Applicant's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Agent Code No. \_\_\_\_\_

**PROPOSED EFFECTIVE DATES:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**REQUESTED COVERAGE:**  **PERSONAL LIABILITY**  **PREMISES LIABILITY**

**EXCESS LIMIT OF LIABILITY REQUESTED:**  \$100,000  \$200,000  \$300,000  \$500,000  \$1,000,000

**Occupation of Insured, Spouse and all members of the household:** \_\_\_\_\_

### LOCATION NO. 1

Located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Underlying Carrier and Policy number: \_\_\_\_\_  
\_\_\_\_\_

Primary/Underlying CPL Limits: \$ \_\_\_\_\_

- 1 family  2 family  3 family  4 family  
 Owner  Tenant  Renovation  
 Vacant  Seasonal  Builder's risk  
 Vacant land  Condo  Model Home (prohibit)  
 Short-term rental (submit)

Physical condition of property: \_\_\_\_\_  
\_\_\_\_\_

Additional insured (submit): \_\_\_\_\_

Does the underlying policy contain exclusions or restrictions of standard coverage?.....  Yes  No

If Yes, please provide details and submit for review:  
\_\_\_\_\_  
\_\_\_\_\_

### LOCATION NO. 2

Located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Underlying Carrier and Policy number: \_\_\_\_\_  
\_\_\_\_\_

Primary/Underlying CPL Limits: \$ \_\_\_\_\_

- 1 family  2 family  3 family  4 family  
 Owner  Tenant  Renovation  
 Vacant  Seasonal  Builder's risk  
 Vacant land  Condo  Model Home (prohibit)  
 Short-term rental (submit)

Physical condition of property: \_\_\_\_\_  
\_\_\_\_\_

Additional insured (submit): \_\_\_\_\_

Does the underlying policy contain exclusions or restrictions of standard coverage?.....  Yes  No

If Yes, please provide details and submit for review:  
\_\_\_\_\_  
\_\_\_\_\_

Please answer all questions (any "Yes" answers, refer to underwriting guidelines for submit or prohibit):

1. **Is there a swimming pool on premises?** .....  Yes  No  
If yes, is there a diving board or slide? .....  Yes  No  
If yes, is the pool fenced? .....  Yes  No
2. **Any other water exposure; i.e., ponds, lakes, jacuzzi/hot tubs?** .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
3. **Any animals on premises?** .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
If yes, any bite/aggressive behavior history? .....  Yes  No
4. **Is there an animal or dog exclusion on Primary Homowners or CPL policy?** .....  Yes  No
5. **Any trampolines?** .....  Yes  No
6. **Does any underlying policy have reduced limits of liability or eliminate coverage for specific locations?** .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
7. **Has any member of the household been employed as any of the following:** Professional Athlete, Entertainer (or in the entertainment business) Media Personality, Journalist, Public official or a generally recognizable public figure? .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
8. **Any business on premises?** .....  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
Is the business exposure covered by Primary Homeowners or CPL Policy? .....  Yes  No
9. **Is there a day care operation on premises?** .....  Yes  No  
If yes, is the day care covered on underlying CPL Liability policy? .....  Yes  No  
Number of children (if greater than five, must exclude coverage): \_\_\_\_\_
10. **Any locations leased to others for hunting, fishing or other sporting or recreational purposes?** ..  Yes  No  
If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_
11. **Any locations used for any type of Farming operations?** .....  Yes  No
12. **Any Boarding of horses or riding stables?** .....  Yes  No
13. **Any Demolition on premises?** .....  Yes  No
14. **Is the dwelling under renovation or builder's risk?** .....  Yes  No  
If yes, provide contractor's name (prohibit if insured is contractor): \_\_\_\_\_
15. **Any acreage?** .....  Yes  No  
If yes: Number of acres: \_\_\_\_\_  
How is it used? \_\_\_\_\_

16. **Any Liability losses at this location or any other location owned/rented within the last five years?**.....  Yes  No

If yes, provide date of loss, amount paid, claimed or reserved and description of loss: \_\_\_\_\_

\_\_\_\_\_

17. **Any residence employees?** .....  Yes  No

If yes: Number of: In-servants: \_\_\_\_\_ Hours/week per employee: \_\_\_\_\_

Number of: Out servants: \_\_\_\_\_ Hours/week per employee: \_\_\_\_\_

18. **Has any company canceled or refused coverage to the applicant? (Not applicable in Missouri or California.)**.....  Yes  No

19. **Additional space to explain yes answers:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCLUDE PHOTO OF PREMISES WITH APPLICATION.**

**PRIVACY POLICY:**

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**FAIR CREDIT REPORTING ACT:**

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**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 Oregon).**

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

**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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, 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.

**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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

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

(Applicable in Iowa Only)