

# Roush Insurance Services, Inc.

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## EXHIBITION 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

8. What is the property being exhibited? \_\_\_\_\_  
\_\_\_\_\_
9. Indicate the number and locations of the exhibitions: \_\_\_\_\_  
\_\_\_\_\_
10. What is the length of time of the exhibitions? \_\_\_\_\_
11. Is any of the exhibited property rented, leased or on loan from others? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. What method is used for keeping records of inventory of the covered property on exhibit and in storage, and how often is the inventory updated? \_\_\_\_\_  
\_\_\_\_\_
13. What is the estimated maximum value of the property at any one time at one location? \_\_\_\_\_
14. What is your procedure for transporting property? Include the transit methods used and the protection provided while in transit, from the shipping point and to the destination: \_\_\_\_\_  
\_\_\_\_\_

**PROTECTION OF PROPERTY** (Provide details for all that apply regarding the location of the exhibition described in Question 9.)

15. What are the ages, types of construction and protection classes of the premises? \_\_\_\_\_  
 \_\_\_\_\_
16. Is there a guard or watchperson service employed where property is exhibited and stored? .....  Yes  No
17. Are recognized approved central station burglar alarms installed and maintained? .....  Yes  No
18. What procedure is used for protecting small items from breakage or disappearance while on exhibit and in storage?  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Are there any hazardous or flammable materials used or stored on the premises? .....  Yes  No
20. Are the premises equipped with approved central station alarm system and fire extinguishes?.....  Yes  No
21. Are the premises or any portion of the premises equipped with a sprinkler system? .....  Yes  No
22. Are any of the premises located in areas subject to flood or earthquake? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY LIMITS OF INSURANCE, DEDUCTIBLE AND COINSURANCE**

- |  |                     |
|--|---------------------|
| 23. Scheduled Property                               | Limits of Insurance |
| a. _____   | \$ _____            |
| b. _____   | \$ _____            |
| c. _____   | \$ _____            |
| 24. Blanket Property .....                           | \$ _____            |
| 25. Property in Transit .....                        | \$ _____            |
| 26. All Covered Property In Any One Occurrence ..... | \$ _____            |
| 27. Deductible .....                                 | \$ _____            |
| 27. Coinsurance .....                                | _____ %             |

**ADDITIONAL INFORMATION**

28. List previous insurance carrier: \_\_\_\_\_  
 \_\_\_\_\_
29. Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured: \_\_\_\_\_  
 \_\_\_\_\_
30. 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: \_\_\_\_\_