

# Roush Insurance Services, Inc.

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## Homeowner Application

Agency Name / Address:		Applicant's Name:			Date:
Phone:                      Fax:		Mailing Address:			
Email:		City:	ST:	Zip:	County:
Code:	Subcode:	Email:	Phone No.:	Bus. Phone No.:	
Agency Customer ID:		Effective Date:		Expiration Date:	

### APPLICANT INFORMATION

Previous Address (if less than three years)      Years at Previous Address:		Location of property if different from above:			
Street:		Street:			
City:                      ST:                      Zip:		City:                      ST:                      Zip:                      County:			
Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Applicant's Employer Name and Address:	
Co-Applicant's Occupation (State nature of business if self-employed):		Marital Status	DOB	Co-Applicant's Employer Name and Address:	

### COVERAGES / LIMITS OF LIABILITY

### PREMIUM

HO Form	Dwelling	Other Structures	Personal Property	Loss of Use	Personal / Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium	\$
							Deposit	\$
	\$	\$	\$	\$	\$	\$	Balance	\$
Deductible Type & Amount: <input type="checkbox"/> All Perils: \$ _____ <input type="checkbox"/> Wind/Hail: \$ _____ <input type="checkbox"/> Named Storm: \$ _____ <input type="checkbox"/> Other: \$ _____								

### ENDORSEMENTS / ADDITIONAL COVERAGES

<input type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Personal Injury (Primary Owner Only)	<input type="checkbox"/> Identify Fraud <input type="checkbox"/> Earthquake Zone: _____ <input type="checkbox"/> Water Back-up Limit: \$ _____ <input type="checkbox"/> Ordinance or Law	<input type="checkbox"/> Workers Comp (CA & NY) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____
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### PAYMENT PLAN

Billing:     Insured     Mortgagee     Agency Bill

### RATING / UNDERWRITING

Year Built	Purchase Date	Construction Type		Structure Type	Usage Type	Occupancy	No. Stories	Windstorm Loss Mitigation Features
		<input type="checkbox"/> Frame <input type="checkbox"/> Modular Home	<input type="checkbox"/> EIFS	<input type="checkbox"/> Dwelling	<input type="checkbox"/> Primary	<input type="checkbox"/> Owner		<input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
Square Feet	Replacement Cost	<input type="checkbox"/> Masonry <input type="checkbox"/> Log Home	<input type="checkbox"/> Hand-hewn	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Secondary	<input type="checkbox"/> Unoccupied	No. Families	
	Market Value	<input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Milled		<input type="checkbox"/> Apartment	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Tenant	No. H/H Residents	
		<input type="checkbox"/> Joisted Masonry <input type="checkbox"/> MFG/Mobile Home		<input type="checkbox"/> Rowhouse	<input type="checkbox"/> Farm	<input type="checkbox"/> Vacant		
		<input type="checkbox"/> Fire Resistant		<input type="checkbox"/> Condo	<input type="checkbox"/> COC/Reno	No. Weeks Rented:		
		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Co-op	Completion Date:			
Territory Code	Protection Class	Distance To		Protection Device Type			Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts	
		Hydrant	Fire Station	System	Smoke	Temp	Burglar	<input type="checkbox"/> Deadbolt <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors
		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"/>	Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide

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Updates	Partial	Complete	Year	Details	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: <input type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fuses: <input type="checkbox"/> Yes <input type="checkbox"/> No No. of AMPS _____ 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: _____ Wood Stove? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary: _____ <input type="checkbox"/> None Portable Space Heaters? <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		Roof Type / Material: _____ Any known leaks? <input type="checkbox"/> Yes <input type="checkbox"/> No	Condition of Roof: _____ Exclude Roof? <input type="checkbox"/> Yes <input type="checkbox"/> No

### LOSS HISTORY

Any losses, whether or <b>not</b> paid by insurance, in the last three years, at <b>this</b> or <b>any</b> other location?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate below:				
DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT PAID / RESERVED	OPEN / CLOSED
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

### PRIOR / CURRENT COVERAGE

Prior carrier / Current carrier:	Policy number:	Expiration date:
If lapse or no prior coverage, provide explanation:		

### GENERAL INFORMATION

Explain all "Yes" responses in the "Remarks" section	YES	NO	Explain all "Yes" responses in the "Remarks" section	YES	NO
1. Any business conducted on premises? (Including farms, day care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	12. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Any residence employees? Number and type of full time and part time employees:	<input type="checkbox"/>	<input type="checkbox"/>	13. Other structures on premises? (barns, sheds, etc.) If yes, describe:	<input type="checkbox"/>	<input type="checkbox"/>
3. Any brush, flooding, forest fire hazard, landslide, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is building retrofitted for earthquake? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other residences owned, occupied or rented?	<input type="checkbox"/>	<input type="checkbox"/>	15. During the last five (5) years (ten (10) years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Any other insurance with this company? List policy numbers:	<input type="checkbox"/>	<input type="checkbox"/>	16. Is there any existing fire, water or structural damage?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA)	<input type="checkbox"/>	<input type="checkbox"/>	17. Is building undergoing renovation or reconstruction?  Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ _____ _____ <input type="checkbox"/> Open Date closed/discharged: _____	<input type="checkbox"/>	<input type="checkbox"/>	18. Is house for sale?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is applicant delinquent on mortgage or tax payments?	<input type="checkbox"/>	<input type="checkbox"/>	19. Is property within 300 ft. of a commercial or non-residential property?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____	<input type="checkbox"/>	<input type="checkbox"/>	20. Is there a trampoline on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any lake, pond or dock on premises?	<input type="checkbox"/>	<input type="checkbox"/>	21. Was the structure originally built for other than a private residence and then converted?	<input type="checkbox"/>	<input type="checkbox"/>
11. Distance to tidal water: _____ <input type="checkbox"/> Miles <input type="checkbox"/> Feet					

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**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 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'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 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-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)