

# Roush Insurance Services, Inc.

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## MACHINERY & EQUIPMENT SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____ _____	Agency Name: _____ _____
Location Address: _____ _____	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)

- Annual Employee Payroll:** ..... \$ \_\_\_\_\_
- Number of Active Owners/Officers:**..... \_\_\_\_\_
- Annual Receipts:** ..... \$ \_\_\_\_\_
- Annual Subcontractors Cost:**..... \$ \_\_\_\_\_
- How many years in business?** \_\_\_\_\_ Years    **How many years of experience?** \_\_\_\_\_ Years
- Specify the last five projects (or top five clients if new venture) with the client/industries being served and specific types of machinery being serviced:**
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**7. Are all service technicians factory certified or trained under an apprenticeship or trade school?**  Yes  No  
If no, describe: \_\_\_\_\_

**8. Percentage of operations performed:**  
In Shop \_\_\_\_\_%    Off-Site/Mobile \_\_\_\_\_%    Off Shore \_\_\_\_\_%    Installation Operations \_\_\_\_\_%  
Describe off-site operations: \_\_\_\_\_

- 9. Indicate any past, present or discontinued services in any of the following:**
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aircraft or aerospace applica-<br>tions/unmanned aircraft | <input type="checkbox"/> Chemical industry equipment              | <input type="checkbox"/> Elevators/escalators/moving<br>sidewalks |
| <input type="checkbox"/> Amusement devices<br>(mechanical)                         | <input type="checkbox"/> Contractors equipment                    | <input type="checkbox"/> Exercise and fitness equipment           |
| <input type="checkbox"/> ATM equipment   | <input type="checkbox"/> Conveyors equipment                      | <input type="checkbox"/> Farm machinery                           |
| <input type="checkbox"/> ATVs/UTVs   | <input type="checkbox"/> Cotton pickers                           | <input type="checkbox"/> Feed mills                               |
| <input type="checkbox"/> Boat lifts  | <input type="checkbox"/> Cranes<br>(length of boom _____ ft.)     | <input type="checkbox"/> Forklifts                                |
| <input type="checkbox"/> Bottling plant equipment                                  | <input type="checkbox"/> Electrical power generating<br>equipment | <input type="checkbox"/> Garage or auto repair<br>equipment       |
| <input type="checkbox"/> Caissons  |   |   |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Gas/natural gas/oil/LPG production               | <input type="checkbox"/> Medical equipment                               | <input type="checkbox"/> Rigging equipment          |
| <input type="checkbox"/> Gasoline pump equipment                          | <input type="checkbox"/> Military equipment                              | <input type="checkbox"/> Robotics                   |
| <input type="checkbox"/> Generators                                       | <input type="checkbox"/> Mining equipment                                | <input type="checkbox"/> Safety guards or equipment |
| <input type="checkbox"/> Grain elevators/silos/bins                       | <input type="checkbox"/> Nuclear power plant equipment                   | <input type="checkbox"/> Sawmill equipment          |
| <input type="checkbox"/> Hog equipment                                    | <input type="checkbox"/> Pipeline work involving gas/natural gas/oil/LPG | <input type="checkbox"/> Textile equipment          |
| <input type="checkbox"/> Hydraulics or hoists                             | <input type="checkbox"/> Playground equipment                            | <input type="checkbox"/> Tree stands                |
| <input type="checkbox"/> Industrial valves or pumps                       | <input type="checkbox"/> Pollution control                               | <input type="checkbox"/> Watercraft, boats or ships |
| <input type="checkbox"/> Ladders or lift equipment (other than forklifts) | <input type="checkbox"/> Poultry equipment                               | <input type="checkbox"/> Wood chippers              |
| <input type="checkbox"/> Lawn and garden equipment                        | <input type="checkbox"/> Pressure vessels/tanks/boilers                  | <input type="checkbox"/> Other (describe): _____    |
| <input type="checkbox"/> Logging/lumbering equipment                      | <input type="checkbox"/> Printing press equipment                        | _____   |
|   | <input type="checkbox"/> Railroad equipment                              |   |

**If any of the above categories are checked, describe in more detail client industries being served and specific type of equipment:** \_\_\_\_\_

\_\_\_\_\_

**10. Is applicant involved in rigging operations?** .....  Yes  No

If yes, provide gross sales: \_\_\_\_\_

**11. Does applicant install new equipment in factories?** .....  Yes  No

If yes, how many years of experience: \_\_\_\_\_

**12. Is applicant involved in the manufacturing, sales, service or repair of 3D printers?** .....  Yes  No

**13. Does applicant perform any computer design, programming or consulting services?** .....  Yes  No

If yes, describe with the percentage of operations declared: \_\_\_\_\_

**14. Does applicant fabricate or machine any equipment or component parts?** .....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**15. Does applicant act as a machinery dealer or wholesaler?** .....  Yes  No

If yes, provide detail with annual sales declared: \_\_\_\_\_

\_\_\_\_\_

**16. Does applicant have a written quality control program in place?** .....  Yes  No

**17. Does applicant subcontract work to others?** .....  Yes  No

If yes:

Are certificates of insurance obtained? .....  Yes  No

Is applicant named as an additional insured on all subcontractors' policies? .....  Yes  No

Do subcontractors provide hold harmless agreements in favor of the applicant? .....  Yes  No

**18. Hold-Harmless Agreements:**

Does applicant use a standard client contract, which outlines the specific responsibilities of the applicant? .....  Yes  No

Do others hold applicant harmless? .....  Yes  No

Does applicant agree to hold any third party harmless? .....  Yes  No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur?  Yes  No

19. Does applicant have Workers' Compensation coverage in force? .....  Yes  No  
 Does applicant lease employees? .....  Yes  No
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 any 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 OH.)

**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.

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

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

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