

Roush Insurance Services, Inc.

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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Public Entity Application Commercial Umbrella / Excess Liability

Legal Name of Public Entity: _____ Effective Date: _____

\$1,000,000/\$1,000,000 \$2,000,000/\$2,000,000 \$3,000,000/\$3,000,000
 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000 Other: \$ _____ / \$ _____

Umbrella self-insured retention requested: \$10,000 Other: \$ _____

Coverage desired over: GL Auto EL PO Law EPL

Underlying Insurance:

Limits

Employer's Liability Carrier: _____ \$ _____ Each Accident

Policy Number: _____ \$ _____ Disease Policy/Limit

Policy Dates: _____ \$ _____ Disease Each Employee

Previous experience: If not described elsewhere, please give details of all liability claims exceeding \$25,000 or occurrences that may give rise to claims during the past five years.

Note: Final terms and conditions of coverage are outlined in each individual binder of coverage.