

Roush Insurance Services, Inc.

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

Public Entity Supplemental Application Property and Allied Lines Information Section (attaches to PE-APP-GEN Applicant Information Section)

Legal Name of Public Entity: _____ Effective Date: _____

A. BUILDING AND PERSONAL PROPERTY COVERAGE

Attach a signed statement of values or ACORD application including:

(1) Location address, (2) Protection class, (3) Year built (if over 30 years old, provide renovations made and dates), (4) Construction, (5) Number of stories for each structure, (6) Sprinkler status, (7) Occupancy, (8) Area/square footage. **INCLUDE ALL PROPERTY INTENDED TO BE INSURED** (including items such as parking meters, street lights, lamps, park/playground equipment, etc.).

1. Total values from SOV: Building: \$ _____ Personal Property: \$ _____
- a. Values are at 80% 90% 100% coinsurance.
- b. Valuation shown: Actual Cash Value Replacement Cost
- c. How are property values established? _____
- d. Date of valuation: _____
- e. Deductible Options: \$500 \$1,000 \$5,000 Other: _____

2. Building and Personal Property Coverage Options:
- a. Business income with extra expense: Limit: \$ _____ Location: _____
- b. Ordinance or Law Coverage
- (1) Building Ordinance (included in policy limit)—Make sure insurance to value is adequate. (Coverage A)
- (2) Increased Cost of Construction (Coverage B) Locations: _____ Limit: \$ _____
- (3) Demolition (Coverage C) Locations: _____ Limit: \$ _____
- c. Inflation Guard: %

3. Identify any historical buildings and explain how values were established: _____

4. Earthquake Coverage:
- a. Limit: \$ _____ b. Zone: _____
- c. Deductible: Zone 1 and 2: 5% or 10% Zone 3, 4 and 5: \$25,000

5. Flood Coverage:
- a. Limit: \$ _____ b. Flood Zone: List A, B, or C on SOV for each location.
- c. Is there any one hundred (100) year flood plain exposure within the boundaries of the entity? Yes No

- d. Names of rivers, streams or lakes within one mile of any locations: _____
- e. Is there coverage under the National Flood program? Yes No
 If yes, limit: \$ _____

6. Equipment Breakdown Coverage:

Limit: \$ _____

Deductible Options: \$500 \$1,000 \$5,000 Other: _____

7. Mortgagees and Loss Payees:

Name	Address	Location

B. CRIME AND FIDELITY

Coverages available under our PUBLIC ENTITY PROPERTY FORM:

Public Employee Theft Coverage (per loss) Limit desired: \$ _____

A completed Public Entity Supplemental Application—Crime Information Section is required for limits above \$50,000

Money and Securities (Inside and Outside) Limit desired: \$ _____

A completed Public Entity Supplemental Application—Crime Information Section is required for limits above \$20,000

See Public Entity Supplemental Application—Crime Information Section for additional crime coverage forms.

C. COMMERCIAL INLAND MARINE COVERAGE

1. Accounts Receivable:

a. Provide limits by location: _____

2. Valuable Papers:

a. Provide limits by location: _____

3. Contractors Equipment (Attach a complete schedule of equipment, including values and serial numbers for each. Valuation should represent replacement cost of the equipment.)

a. Total limit of insurance: \$ _____

Valuation shown: Actual Cash Value Replacement Cost _____% Coinsurance

b. Deductible (if different from property deductible): \$ _____

c. Describe appraisal or method of valuation: _____

d. Largest single concentration (limit) of equipment: \$ _____

(1) Location: _____ Stored in: Building Open lot

4. Miscellaneous Equipment (attach a complete schedule of equipment, including values):

a. Total limit of insurance: \$ _____

Valuation shown: Actual Cash Value Replacement Cost _____% Coinsurance

b. Largest single concentration (limit): \$ _____

c. Location: _____

5. Radio Towers (include height, wind resistance mph, how anchored and lightning protection for each tower):

6. Fine Arts (attach a complete schedule of fine arts, including values, description and location for each):

a. Total limit: \$ _____

b. Describe method by which values were established and date of appraisal (attach copies): _____

c. Deductible: \$500 \$1,000 \$ _____

d. Optional breakage coverage: Yes No

7. Electronic Data Processing Equipment (Attach a complete schedule by location of computers and peripheral devices, including values and serial numbers on each. Valuation should represent replacement cost of the equipment.)

a. Valuation shown: Actual Cash Value Replacement Cost _____% Coinsurance

b. Deductible: \$500 \$1,000 \$ _____

c. Total hardware value: \$ _____

d. Data and media limit: \$ _____

e. Extra expense limit: \$ _____

f. Transit limit: \$ _____

g. Breakdown coverage deductible: \$1,000 \$5,000

8. The following question is applicable to Oklahoma properties only.

Pursuant to Title 36 O.S., statute 4809, the following question is included as part of the application before any rate credit for fire insurance based on location of the risk may be considered.

If the property is located in a rural fire protection district or in an area protected by a rural fire department and the district or department is wholly or partially funded by dues or subscription payments, have the appropriate dues or subscription payments been paid? Yes No

If yes, provide evidence of payment by a receipt, canceled check, or other valid proof of payment.