

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

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

PUBLIC ENTITY—PROPERTY AND CASUALTY RENEWAL APPLICATION

Name of Public Entity: _____

Mailing Address: _____

P.O. Box/Street

City/State/Zip Code/County

Effective Date: _____

Renewal of policy(ies): _____

1. General

Population: _____ Town protection class: _____

Provide five years company loss runs, valued within the past six months, for coverages requested.

2. Property Yes No

Please provide a current signed STATEMENT OF VALUES on all property to be covered.

a. Building Values \$ _____ Contents Values \$ _____

b. Inland Marine values (Attach a current schedule of any equipment)

Contractors Equipment: \$ _____ Miscellaneous Equipment: \$ _____

EDP Hardware: \$ _____ Software: \$ _____

c. Other changes to coverage/deductibles: _____ No changes

3. General Liability Yes No

a. Limit of Liability: Same as expiring or New limits requested: _____

Please provide a current operating budget for the Entity if other than sewer or water districts.

b. Provide payroll (less clerical) for any utilities operated:

Water: \$ _____ Sewage Disposal Plant: \$ _____

Electric Utility: \$ _____ Gas Utility: \$ _____

Sewer Mains or Connections: \$ _____ Number of Sewer Miles: _____

Other: _____

c. Emergency Services Operations (complete if exposure is to be covered under this policy):

Fire Dept.: No. of Paid: _____ No. of Volunteers: _____

No. of EMTs (full-time): _____ (part-time): _____

No. of Paramedics (full-time): _____ (part-time): _____

d. Streets and Roads: Number of miles paved: _____ Unpaved: _____

e. Provide receipts on golf courses: _____

Golfing: \$ _____ Golf cart rental: \$ _____

f. Please comment on any other changes in exposure, operations or deductible: No Changes

g. Please complete the checklist for current exposures for the Entity:

Classification	Exposure?		Any part of operation subcontracted to others?		Complete Questionnaire for exposures not previously reported
	Yes	No	Yes	No	
Airport and related facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED (E&O can be covered) Complete questionnaire N
Amusement parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Blasting operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item E)
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Carnivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Cemeteries liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item I)
Chemical spraying (herbicides and pesticides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item H)
Dams, levees or dikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire M
Day care, day camp, or nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire C
EMTs/Paramedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Exhibition and convention buildings (include arenas and auditoriums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire Q
Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item A)
Fireworks and other pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item D)
Garbage or refuse collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item G)
Golf courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item B)
Housing projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire H
Ice or roller rinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & C)
Lakes, reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Landfills/dumps/refuse sites/incinerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire D
Medical and ancillary care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED
Parades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire B
Parks and playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A through E)
Penal Institutions, jails, correctional institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED under General Liability
Racetracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K
Rifle/Shooting ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item F)

Classification	Exposure?		Any part of operation subcontracted to others?		Complete Questionnaire for exposures not previously reported
	Yes	No	Yes	No	
Schools and colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire J
Skate Parks—skateboarding/in-line skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & D)
Ski facilities and similar areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item K)
Stadiums, bleachers, grandstands (capacity over 5,000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item C)
Streets, roads, highways, bridges—existence, maintenance and construction hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire A
Swimming pools/beaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Transit/Port authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire N
Utilities: Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item A)
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire E (Item B)
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire F
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire G
Underground storage tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCLUDED for Pollution
Water slides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & F)
Wharves, piers, docks, marinas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & G)
Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire K (Items A & H)
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete questionnaire P (Item J)
Describe unique exposures not identified above: _____					

4. **Automobile**..... Yes No
- a. Limits of Liability: Same as expiring or New limits requested (Please complete ACORD 137)
- b. Please attach a current ACORD 127 including current drivers list.
- c. Please list all changes below from last year: No Changes
- _____
- _____
- _____

5. **Commercial Umbrella/Excess Liability** Yes No
- a. Coverage: Umbrella Excess Liability
- b. Limits:
- \$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: \$ _____
- c. Coverage desired over: GL Auto EL PO Law EPL

d. Underlying Insurance:

Employers Liability:

Limits: \$ _____ Each Accident
\$ _____ Disease—Policy Limits
\$ _____ Disease—Each Employee

Carrier: _____

Policy Number: _____

Policy Dates: _____

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

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

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 ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, 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.

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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

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.

Name of Authorized Public Official/Position

Signature of Authorized Public Official

Date _____

Producer's Name

Agent Name: _____ Agent License Number: _____
(Applicable to Florida Agents Only)

Iowa Licensed Agent: _____
(Applicable to Iowa Agents Only)

Producer's Signature: _____ Date: _____
(Applicable to New Hampshire Producers Only)