

Roush Insurance Services, Inc.

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Personal Liability Umbrella Policy Renewal Questionnaire

Applicant's Name: _____
 Primary Residence: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

 Agent Code: _____
 Agent/Broker License No.: _____
 Phone: ____ - ____ - ____ Fax: ____ - ____ - ____

Requested Effective Date: From _____ To _____ Renewal of Policy Number: _____
12:01 A.M., Standard Time at the mailing address of the Applicant.

Check applicable box:

- Issue renewal same as expiring or
- Mark all changes since last renewal and explain below:

Changes in Exposures: (ie: number of drivers, vehicles, recreational vehicles, residences owned, property owned and watercraft.) Explain in detail: _____

Any accidents, claims or tickets. (ie: auto, property or liability.) Complete below for each event.

Date of Loss	Details of Event	BI and/or PD		Amount Paid or Reserved	Claim Closed	Citation(s) Issued	Is Accident Chargeable
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violation Date	Type of Moving Violation	Major	Minor	Name of Operator		License Suspended	Number of Points
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Changes in primary insurance carriers or coverages. All sections required to be completed below if any changes.

Coverage	Carrier Name	B+ V or Better	Policy Number	Policy Limits
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Uninsured/Underinsured Motorists Coverage. (Available in FL, GA, LA, NH, VT and WV only.) Check box if desired.

Comments/Changes: _____

PRIVACY POLICY

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK (OTHER THAN AUTOMOBILE)

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 a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK

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.

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)