

Roush Insurance Services, Inc.
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Email: quote@roushins.com
Applications available at www.roushins.com

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

SELF-SERVE LAUNDROMAT APPLICATION

Proposed Dates: From _____ to _____

DBA _____ Individual Partnership Corporation Other _____
Applicant Name _____ Inspection Contact _____
Mailing Address _____ Location Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone: Day _____ Evening _____ Website _____

Business Description _____

Length of Time in Business/Experience _____ years _____ months New Venture? No Yes

Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? No Yes, Reason _____

Any Claims in Last Three Years? No Yes, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? No Yes, Reason _____

--- PROPERTY SECTION ---

DESIRED LIMITS & COVERAGES (Please Note: Quotation may not conform to limits and coverages requested on application.)

BUILDING \$ _____ ACV Market Value RC (available only if < 30 yrs old or full updates in last 15 yrs)

BUS PERS PROP \$ _____ ACV RC (available only if < 3 yrs old) **LOSS OF INCOME \$** _____

SIGN \$ _____ **EQUIP BRKDOWN** No Yes **OTHER** _____ \$ _____

BASIC BROAD (available only if < 30 years old or full updates in last 15 yrs) SPECIAL (Central Station Alarm required)

DEDUCTIBLE: \$500 \$1,000 \$2,500 \$5,000

Year Built _____ # Stories _____ Construction _____ Square Feet _____ Percentage Occupied _____%

Year Updated: Roof _____ Wiring _____ Heating _____ Plumbing _____

Wiring: Copper Circuit Breakers Fuses Aluminum, CopAlum crimp method used on all connections? No Yes

Exposure & Distance: Right _____ Left _____ Rear _____

Within City Limits? No Yes, Population _____ Prot Class _____ Dist to Fire Dept _____ Dist to Hydrant _____

Type of Area (Check All that Apply): Urban Suburban Rural Industrial Commercial Residential Developing

General Condition of Building: _____

Central Station Alarm? No Yes If Yes, Fire Burglar Sprinkler System? No Yes If Yes, Wet Dry

Smoke Detector(s)? No Yes, Location(s) _____

How often are dryer vents inspected and cleaned? _____ By whom? _____

Mortgagee _____ Loan # _____

Mailing Address _____ City _____ State _____ Zip _____

--- LIABILITY SECTION ---

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

Estimated Annual Receipts \$ _____ Apartments On-Premises? No Yes, How Many? _____

Is there an Exercise Room, Playground, Amusement Area or other Facility for the Entertainment or Convenience of Customers?

No Yes, Describe _____

Is there a Parking Lot On-Premises for Customers? No Yes, Square Footage _____

Any Off-Premises Parking? No Yes, Describe and give Square Footage _____

Hours of Operation: Mon-Thu _____ Fri _____ Sat _____ Sun _____

Other Business on Premises? No Yes, Describe _____

Additional Insured _____ Interest _____

Mailing Address _____ City _____ State _____ Zip _____

Other Pertinent Information: _____

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 Nebraska, Oregon and Vermont.**

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

APPLICANT SIGNATURE _____ DATE _____

AGENT SIGNATURE _____ DATE _____