

# Roush Insurance Services, Inc.

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## GARAGE RENEWAL APPLICATION

1. Policy Number: \_\_\_\_\_ Renewal Period: From: \_\_\_\_\_ To: \_\_\_\_\_
2. Business Trade Name: \_\_\_\_\_ Insured: \_\_\_\_\_
3. Has the Named Insured or Location changed? .....  Yes  No  
 Explain: \_\_\_\_\_
4. New Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_
5. County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_
6. New Location Address: \_\_\_\_\_ City: \_\_\_\_\_
7. Internet Address: \_\_\_\_\_
8. Number of owners and employees: \_\_\_\_\_ Changes to drivers' furnished autos: \_\_\_\_\_  
 \_\_\_\_\_
9. Number of Dealer Plates: \_\_\_\_\_ Describe any other type of plates: \_\_\_\_\_
10. Any changes in Liability or UM/UIM limits? .....  Yes  No  
 Explain: \_\_\_\_\_
11. Any changes in Garagekeepers or Dealers Physical Damage limits? .....  Yes  No  
 Explain: \_\_\_\_\_
12. Any coverages being requested or removed? .....  Yes  No  
 Explain: \_\_\_\_\_
13. If there are changes to the policy, please update the information by completing the following charts (If none, indicate none):

**NUMBER OF AUTOS AND AUTO VALUES**

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

**LIST ALL Owners, Employees and Drivers:**

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Work Loc. No.	Violations & Accidents Past 3 Yrs.	Full or Part Time	Job Title/Duties
				Y/N	Class					

List ALL family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

Name	DOB	Driver License No.	State of DL	Will drive for <u>or</u> Work in business?	Furnished Auto?*	Violations & Accidents Past Three Yrs.	Relationship

\*P=Personal use; R=Regular use; NRF=Not regularly furnished.

**SPECIFICALLY DESCRIBED AUTOS**

Veh. No.	Year	Make	Body Type	VIN	ACV	GVWR
1						
2						
3						

Veh. No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Y/N	State/Fed	Liab.	Phys.Dam.	Other	
1								
2								
3								

**LOSS HISTORY**

Provide updated information regarding losses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Damage To Rented Premises Liability: \$ \_\_\_\_\_

15. Property Coverage: Any changes to the property? .....  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.**

**I have completed and signed a state form selecting or rejecting Uninsured/Underinsured Motorist Coverage.**

**FRAUD WARNINGS: Attach completed WHI APP-152, "State Fraud Notification Compliance" form.**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_