

Roush Insurance Services, Inc.

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Noblesville, IN 46061-1060
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E-mail: quote@roushins.com

Homeowner Application

Applicant's Name: _____

Mailing Address: _____

Agent Name: _____

Address: _____

Agency Code: _____

PROPOSED EFFECTIVE DATES:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

General Information:

Billing Method: ☒ Agent

Type of Submission: ☐ New Business ☐ Renewal ☐ Rewrite Previous Policy No.: _____

Requested Coverages: ☐ HO-3 ☐ HO-4 ☐ HO-6 ☐ HO-8 ☐ HO-A (TX Only)
☐ HO-B (TX Only) ☐ HO-BT (TX Only) ☐ HO-B-CON (TX Only)

Occupancy: ☐ Owner/Principal Residence ☐ Owner Seasonal/Secondary Residence No. of months occupied: _____

Deductible Amount: All Perils _____ Wind and Hail: \$ _____ / _____ %

Wind Excluded..... ☐ Yes ☐ No

If yes, explain: _____

Location Address: ☐ Same as mailing address

Street _____

City _____

County _____

State _____

Zip _____

Coverage Information:

Year built: _____

Square footage: _____

Cost per square foot: \$ _____

Number of families: _____

Number of stories: _____

Type of roof: _____

Territory number: _____

Protection class: _____

Miles from fire department: _____

Feet from hydrant: _____

Fire district or town: _____

Construction:

- ☐ Frame
☐ Masonry
☐ EIFS/Stucco
☐ Log
(☐ hand hewn ☐ milled)
☐ Brick Veneer (TX only)
☐ Mobile Home (TX only)
☐ Other: _____

Wood stove? ☐ Yes ☐ No

Wood stove primary
source of heat? ☐ Yes ☐ No

Submit two photos of wood stove
along with Wood Stove Question-
naire (UTX-QUES-304)

Protection Classes 9 & 10 Questionnaire:Central station fire and burglar alarm system installed and monitored?..... ☐ Yes ☐ No

If yes, explain: _____

Name of responding fire department: _____

☐ Paid ☐ Volunteer

Response time: _____ No. of pumpers: _____ No. of tankers: _____

Roads paved and accessible year round?..... ☐ Yes ☐ No

Physical barriers: _____

Public hydrant within 1,000 feet from dwelling?..... ☐ Yes ☐ No

If no, describe water source: _____

Water source distance, in miles, from dwelling: _____

Water source accessible by fire department year round? ☐ Yes ☐ No☐ Full or live-in employees☐ Dwelling occupied daily

Comments: _____

Coverage Limit Information

Property Coverage	Limits	Liability Coverage	Limits
Dwelling	\$	<input type="checkbox"/> Personal Liability <input type="checkbox"/> Premises Liability	\$
Other structures	\$	Home day care (No. of children _____ [5 max])	\$
Personal property	\$	Medical payments	\$ Per person
Loss of use	\$	In home business:	
Theft by burglary (above \$5,000 where applicable)	\$	Business property	\$
Satellite/antenna	\$	Liability aggregate (policy maximum)	\$

Replacement cost coverage:	Dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contents? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Interests—Mortgagee/Loss Payees**Interest No. 1:**

Name: _____

Address: _____

Loan No.: _____

Type of Interest: _____

Interest No. 2:

Name: _____

Address: _____

Loan No.: _____

Type of Interest: _____

Additional Requested Coverages (check box if applicable):

<input type="checkbox"/> ERC (Extended Replacement Cost) <input type="checkbox"/> Water backup Limit: _____ <input type="checkbox"/> Identity fraud	<input type="checkbox"/> Mine subsidence (where applicable) <input type="checkbox"/> Tenant relocation (MA only) <input type="checkbox"/> Workers' compensation (CA only) No. of in-servants: _____ No. of out-servants: _____	<input type="checkbox"/> Earthquake (if applicable) Zone: _____ Earthquake additional living expense limit: \$ _____ Earthquake contents limit: \$ _____ Earthquake deductible: \$ _____ <input type="checkbox"/> Reconstruction costs (CA only)
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Miscellaneous Information (check box if applicable):

- ☐ Claim free renewal credit (where applicable)
- ☐ Fire alarm.....☐ Central ☐ Local
- ☐ Burglar alarm☐ Central ☐ Local
- ☐ Senior citizen credit (where applicable)

Distance to coastal waters:

Feet: _____ Miles: _____ Zone: _____

Previous Insurance Carrier and Loss History Information:

Previous/current carrier: _____

Policy number: _____ Expiration date: _____

If no previous carrier, give reason(s) (not applicable in Missouri or California): _____

Has any company canceled or refused coverage to the applicant (not applicable in Missouri or California)? ☐ Yes ☐ No

If yes, give reason(s): _____

Any losses at this location or any other location owned/rented within the last three years? ☐ Yes ☐ No

If yes, please provide the information requested below:

Date of Loss	Claim Type—Description of Loss	Amount Paid	Amount Reserved	Open/Closed

Additional Information:Bankruptcy or foreclosure proceedings filed? ☐ Yes ☐ No

Reason: _____

☐ Open ☐ Closed Date closed: _____Applicant delinquent on mortgage or tax payments? ☐ Yes ☐ NoHas anyone with a financial interest in the property been convicted of fraud, arson or other crime related to any loss on any property during the past five years? ☐ Yes ☐ NoSwimming pool, hot tub or spa on premises? ☐ Yes ☐ NoPool fenced? ☐ Yes ☐ NoAutomatic locking gate? ☐ Yes ☐ NoSteps have secured handrails? ☐ Yes ☐ NoAny lake, pond or dock on premises? ☐ Yes ☐ NoTrampoline on premises? ☐ Yes ☐ NoIs the dwelling set on land in excess of five acres? ☐ Yes ☐ No

Number of acres: _____ Acreage usage: _____

Are animals kept on premises? ☐ Yes ☐ No

If yes, list all:

Animal breed: _____ Number: _____

Bite history? ☐ Yes ☐ No

Animal breed: _____ Number: _____

Bite history? ☐ Yes ☐ No

Other: _____

Business on premise? ☐ Yes ☐ No

Type of business (include Day Care): _____

Other structures (garages, shed, etc.) on premise? ☐ Yes ☐ No

If yes, describe: _____

Modular or farm dwelling? ☐ Yes ☐ No

Existing fire, water or structural damage? ☐ Yes ☐ No

Working smoke detectors on premise? ☐ Yes ☐ No

Brush or landslide exposure? ☐ Yes ☐ No

Dwelling or structures built on stilts? ☐ Yes ☐ No

Provide year of building updates:

Wiring: Year: _____ ☐ Partial ☐ Full Type: ☐ Knob or Tube ☐ Fuses ☐ Circuit Breakers

Plumbing: Year: _____ ☐ Partial ☐ Full

Roofing: Year: _____ ☐ Partial ☐ Full Type: _____

Heating & Air Conditioning: Year: _____ ☐ Partial ☐ Full Type: _____

Hurricane straps (Florida only)? ☐ Yes ☐ No

Property been seen by agent? ☐ Yes ☐ No

If yes, date agent last inspected property: _____

Additional Applicant Information:

Applicant's occupation: _____ Co-Applicant's occupation: _____

Previous address (if less than three years): _____

(Street, City, County, State, Zip)

Applicant's phone number: _____

Additional Comments:

Additional Requirements:

Photos of front and back of dwelling are **required**.

Submit additional photo if:

Wood/coal/pellet stove

Day Care facility and play area

Fenced pool, hot tub or spa

Submit questionnaire form if:

Wood/coal/pellet stove

Notice of Insurance Information Practices:

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Application must be fully completed, signed and have required photos attached.

NOTICES, FRAUD WARNINGS AND ATTESTATION

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:

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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-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)