

**Roush Insurance Services, Inc.**  
**PO Box 1060, Noblesville IN 46061-1060**  
**Ph: (800) 752-8402 Fax: (317) 776-6891**  
**Email: quote@roushins.com**  
**Applications available at www.roushins.com**

Agency \_\_\_\_\_ Code \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**RESTAURANT/TAVERN PACKAGE 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 \_\_\_\_\_

NOTE: Complete a separate application for each location.

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

**BUILDING \$** \_\_\_\_\_ **BUS PERS PROP \$** \_\_\_\_\_ **LOSS OF INCOME \$** \_\_\_\_\_  
 RC  ACV  Market Value  Special  Broad  Basic DEDUCTIBLE:  \$500  \$1000  \$2500  
 Robbery In & Out \$ \_\_\_\_\_ Sign? \$ \_\_\_\_\_ Equipment Breakdown  No  Yes  
 Year Built \_\_\_\_\_ # Stories \_\_\_\_\_ Construction \_\_\_\_\_ Square Feet \_\_\_\_\_ Percentage Occupied \_\_\_\_\_ %  
 Year Updated: Roof \_\_\_\_\_ Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Glass?  No  Yes, Attach Schedule.  
 Exposure & Distance: Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

General Condition of Building \_\_\_\_\_  
 Within City Limits?  No  Yes, Population \_\_\_\_\_ Prot Class \_\_\_\_\_ Dist to Fire Dept \_\_\_\_\_ Dist to Fire Hydrant \_\_\_\_\_  
 Type of Area (Check All that Apply):  Urban  Suburban  Rural  Industrial  Commercial  Residential  Developing  
 Cooking on Premises?  No  Yes Deep Fryer?  No  Yes, Temperature Limit Protection?  No  Yes  
 Automatic Extinguisher?  No  Yes Semi-Annual Maintenance Contract?  No  Yes  
 Flammables on Premises?  No  Yes, Describe Amounts/Storage \_\_\_\_\_  
 Central Station Alarm System?  No  Yes, Describe \_\_\_\_\_  
 Other Business on Premises?  No  Yes, Describe \_\_\_\_\_  
 How are Ashtray Contents Disposed of? \_\_\_\_\_

Mortgagee \_\_\_\_\_ Loan # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LIABILITY LIMITS \$** \_\_\_\_\_ **Per Occurrence \$** \_\_\_\_\_ **Aggregate** \_\_\_\_\_  
 Estimated Annual Receipts: Food \$ \_\_\_\_\_ Beer/Wine/Liquor \$ \_\_\_\_\_ Catering \$ \_\_\_\_\_  
 Estimated Annual Payroll \$ \_\_\_\_\_ Apartments?  No  Yes, How Many? \_\_\_\_\_  
 Dance Floor?  No  Yes, Size \_\_\_\_\_ Live Entertainment?  No  Yes, Describe \_\_\_\_\_  
 How often? \_\_\_\_\_

Hours of Operation: Mon-Thu \_\_\_\_\_ to \_\_\_\_\_ Fri \_\_\_\_\_ to \_\_\_\_\_ Sat \_\_\_\_\_ to \_\_\_\_\_ Sun \_\_\_\_\_ to \_\_\_\_\_  
 Bouncers?  No  Yes, Are they from an Outside Security Firm?  No  Yes Firearms on Premises?  No  Yes  
 Additional Insured \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Liquor Liability: Please Complete Liquor Liability Application

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_