

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 _____

COMMERCIAL PROPERTY 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 multiple locations.

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

Glass? ☐ No ☐ Yes, Attach Schedule. Sign? \$ _____ Equipment Breakdown ☐ No ☐ Yes

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

Year Updated: Roof _____ Wiring _____ Heating _____ Plumbing _____

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 _____

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

Mortgagee _____ Loan # _____

Mailing Address _____ City _____ State _____ Zip _____

APPLICANT SIGNATURE _____ DATE _____

AGENT SIGNATURE _____ DATE _____