

**Roush Insurance Services, Inc.**  
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**Applications available at [www.roushins.com](http://www.roushins.com)**

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

### **COMMERCIAL PACKAGE APPLICATION**

Proposed Dates: From \_\_\_\_\_ to \_\_\_\_\_

DBA \_\_\_\_\_  
Applicant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

☐ Individual ☐ Partnership ☐ Corporation ☐ Other \_\_\_\_\_  
Inspection Contact \_\_\_\_\_  
Location Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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  
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 \_\_\_\_\_

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

**LIABILITY LIMITS \$** \_\_\_\_\_ **Per Occurrence \$** \_\_\_\_\_ **Aggregate** \_\_\_\_\_  
Estimated Annual Receipts \$ \_\_\_\_\_ 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 \_\_\_\_\_  
Additional Insured \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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