



Roush Insurance Services, Inc.
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**Coverage can only be bound with the
consent of Roush Insurance Services, Inc.**
AGENCY BILL – PHOTOGRAPHS REQUIRED
WITHIN TEN (10) DAYS OF APPLICATION

INDIANA DWELLING APPLICATION

Applicant's Name _____ Agency _____ Code _____
Mailing Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Phone _____ Fax _____

Proposed Effective Date: From _____ to _____

Location of Risk: _____ / _____ / _____ / _____ / _____
Street No. City County State Zip

Territory _____ Protection Class _____ Distance to Fire Hydrant _____ Total Square Footage _____ # of Stories _____
Year Built _____ Construction: ☐ Masonry/Joisted Masonry ☐ Frame (**10% Surcharge**) # of Families: ☐ 1 ☐ 2 ☐ 3 or 4
Yr Updated: Wiring _____ Heat _____ Plumb _____ Roof _____ ☐ Renovation, describe _____
Renovation Dates: Start _____ End _____ Work done by licensed contractor(s)? ☐ Yes ☐ No, by whom? _____
Occupancy: ☐ Owner ☐ Tenant ☐ Seasonal ☐ Vacant, how long? _____ Why? _____

COVERED PERILS: Fire, lightning, windstorm, hail, explosion, riot or civil commotion, aircraft, vehicle, smoke, volcanic eruption.

LIMITS – MARKET VALUE **\$500 STANDARD DEDUCTIBLE/\$1,000 WIND & HAIL** **PREMIUM**
\$ _____ (A) Dwelling \$ _____
\$ _____ (B) Other Structures (Limit Required): ☐ Garage ☐ _____ ☐ None \$ _____
\$ _____ (C) Personal Property \$ _____
\$ _____ (D) Fair Rental Value or (E) Additional Living Expense \$ _____

SUBTOTAL \$ _____

DEDUCTIBLE CREDIT: ☐ \$1,000 (-10% of Subtotal) ☐ \$2,500 (-15% of Subtotal) **CREDIT** \$ _____

SURCHARGES: ☐ 3/4 Family (+20% of Subtotal) ☐ Seasonal (+25% of Subtotal) **SURCHARGE** \$ _____
☐ Renovation (+10% of Subtotal) ☐ Supplemental Heat* (+\$35.00) **TOTAL** \$ _____

\$ _____ Vandalism & Malicious Mischief (No Vacant/Seasonal Risks) \$ _____
\$ _____ Residence Burglary (V&MM Required; No Tenant Occupied/Vacant/Seasonal Risks) \$ _____
\$ _____ Liability (Not available if Chow, Doberman, Pit Bull or Rottweiler on premises.) \$ _____
\$ _____ Medical Payments (Not available on Vacant risks.) \$ _____
\$ _____ Home Day Care Coverage (Owner Occupied Only - 5 Children Maximum) \$ _____
\$ _____ Mine Subsidence (See available counties and rates below.) \$ _____

TOTAL - \$250 MP (\$200 if Vacant) \$ _____

MINE SUBSIDENCE: Available only in the counties of Clay, Crawford, Davies, Dubois, Fountain, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Montgomery, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warren and Warrick.

Limit	Premium
\$0 to \$25,000	\$24.00
\$25,001 to \$40,000	\$30.00
\$40,001 to \$50,000	\$36.00

UNDERWRITING QUESTIONNAIRE – ALL QUESTIONS MUST BE ANSWERED

NO FLAT CANCELLATION

- Primary heat source _____ Any form of supplemental heating (space heater, coal, kerosene or wood stove)? ☐ No ☐ Yes *
If yes, describe _____ (* QUESTIONNAIRE & PHOTOS REQUIRED FOR SUPPLEMENTAL HEATING.)
- Swimming pool? ☐ No ☐ Yes, above/below ground? _____ Fenced? ☐ No ☐ Yes Gate/Ladder that locks? ☐ No ☐ Yes
- Trampoline? ☐ No ☐ Yes (Liability and Medical Payments coverage not available if trampoline on premises.)
- Any animals? ☐ No ☐ Yes, describe (If dog, list breed.) _____
- Any business conducted on premises? ☐ No ☐ Yes, describe _____
- Has any company cancelled or refused coverage to the applicant? ☐ No ☐ Yes, reason _____
- Previous carrier _____ Any claims in last three (3) years? ☐ No ☐ Yes, describe in detail - list type, date and amount paid _____

MORTGAGEE _____
Mailing Address _____ City _____ State _____ Zip _____

I/we acknowledge that as part of the underwriting procedure, a routine inquiry may be made with the intention of providing applicable information concerning, character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided to the applicant.

APPLICANT'S SIGNATURE _____ **DATE** _____

AGENT'S SIGNATURE _____ **DATE** _____

PROCENTURY INSURANCE COMPANY – INDIANA DWELLING PROGRAM
Annual Rates – \$35.00 Minimum Earned Premium – \$250 Minimum Premium (\$200 if Vacant)

Territory	1		2		3		1-3	
Prot Cls	1-8		1-8		1-8		9-10	
Occup	Own	Ten	Own	Ten	Own	Ten	Own	Ten
Limit	Rates are for masonry construction. Surcharge 10% for frame construction. ** Rate each Coverage Separately. **							
5,000	113	158	105	145	95	132	179	238
10,000	157	219	144	201	131	183	249	329
11,000	166	232	152	213	138	194	263	349
12,000	174	244	160	224	145	204	276	365
13,000	183	255	168	234	153	213	289	384
14,000	191	268	176	246	160	224	304	403
15,000	201	281	184	256	167	233	317	420
16,000	209	293	191	268	174	244	331	440
17,000	218	305	200	279	182	254	345	458
18,000	227	317	208	290	189	264	359	474
19,000	234	329	216	303	196	275	373	495
20,000	244	341	224	314	204	285	386	512
21,000	253	354	231	325	210	295	400	531
22,000	262	365	240	336	218	305	414	549
23,000	270	377	249	347	226	315	427	567
24,000	278	391	255	359	232	326	442	585
25,000	288	402	264	370	240	336	455	604
26,000	297	415	271	382	246	347	470	624
27,000	305	427	279	391	254	355	483	640
28,000	314	438	288	402	262	365	496	658
29,000	322	451	295	414	268	376	510	678
30,000	331	463	304	425	276	386	524	694
35,000	361	504	330	462	300	420	570	757
40,000	389	545	358	499	325	454	616	817
45,000	419	585	384	536	349	487	662	878
50,000	448	626	410	573	373	521	708	939
55,000	476	667	437	612	397	556	754	1,000
60,000	506	706	463	649	421	590	800	1,062
65,000	535	748	491	686	446	624	846	1,122
70,000	564	789	517	723	470	657	892	1,183
75,000	593	829	543	760	494	691	938	1,244
80,000	622	870	570	798	518	725	983	1,305
85,000	651	910	596	835	542	759	1,030	1,366
90,000	680	952	624	872	567	793	1,076	1,427
95,000	710	992	650	909	591	826	1,122	1,487
100,000	738	1,032	677	946	615	860	1,168	1,549
105,000	767	1,074	703	983	639	894	1,213	1,609
110,000	796	1,113	729	1,021	663	928	1,260	1,671
115,000	825	1,154	757	1,059	688	963	1,306	1,731
120,000	855	1,196	783	1,096	712	996	1,352	1,792
125,000	883	1,235	810	1,133	736	1,030	1,398	1,854
Submit application for quotation if desired limit exceeds \$125,000.								

TERRITORY DEFINITIONS:

Terr 1: Counties of Lake and Marion.
 Terr 2: Cities of Anderson, Evansville, Ft Wayne, Marion, Mishawaka, Muncie, South Bend, Terre Haute and West Terre Haute
 Terr 3: Remainder of State

PROPERTY RATES (FIRE & EXT COV) – 1&2 FAMILY DWELLINGS

Use rates at left for Dwelling, Other Structures, Personal Property and Fair Rental/Addl Living. Personal Property may be written stand-alone.

RENOVATIONS:

60 days Max due to Occupancy Endorsement. Rate as Vacant for longer periods of renovation.

VANDALISM & MALICIOUS MISCHIEF:

Terr 1: \$.30 per \$100; Terr 2 & 3: \$.10 per \$100
 (Limit must equal sum of limits for coverages A-E; no Vacant or Seasonal risks.)

RESIDENCE BURGLARY:

\$10,000 Max – V&MM must be purchased. Not available on Tenant, Vacant or Seasonal risks.

Limit	Rate
\$1,000	\$25.00
\$1.00 for each additional \$100 of coverage.	

PREMISES LIABILITY:

Limit	1 Family	2 Family	3 or 4 Family
\$ 25,000	\$ 40.00	\$ 60.00	\$ 90.00
\$ 50,000	\$ 45.00	\$ 65.00	\$110.00
\$100,000	\$ 50.00	\$ 75.00	\$120.00
\$300,000	\$ 60.00	\$ 85.00	\$135.00
\$500,000	\$ 80.00	\$ 95.00	\$150.00

Limit	Vacant	Home Day Care
\$ 25,000	\$10.00/Month	\$32.00/Child
\$ 50,000	\$12.00/Month	\$35.00/Child
\$100,000	\$15.00/Month	\$38.00/Child
\$300,000	\$20.00/Month	\$45.00/Child
\$500,000	\$40.00/Month	\$55.00/Child

MEDICAL PAYMENTS:

\$5,000 Max – Not available on Vacant risks.

Limit	Rate
\$ 500	\$25.00
\$1,000	\$28.00
\$5.00 for each additional \$1,000 of coverage.	

VACANT/UNOCCUPIED DWELLINGS:

Fire & Extended Coverages Only

3 Month Term – Fully Earned Premium (No Surcharge for Frame construction)

Deductible	PC 1-8	PC 9-10	Rates are per \$100.
\$ 500	\$.42	\$.90	
\$1,000	\$.30	\$.45	
\$2,500	\$.24	\$.30	