

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 _____

COMMERCIAL GENERAL LIABILITY 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 _____ yrs _____ mos New Venture? ☐ No ☐ Yes Non-Profit? ☐ 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 _____

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

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

Estimated Annual Employee Payroll (excluding all owners): \$ _____ Total Number of Owners: _____

Estimated Annual Receipts: \$ _____ Premises Area: _____ sq ft Apartments? ☐ No ☐ Yes, How many? _____

Are Subcontractors Utilized in Applicant's Operations? ☐ No ☐ Yes, Estimated Annual Cost of Subcontractors: \$ _____

Do Subcontractors Carry Same or Greater Liability Limits? ☐ No ☐ Yes Are Certificates of Insurance Required? ☐ No ☐ Yes

Is there a Parking Lot on Premises for Customers? ☐ No ☐ Yes, Size _____ sq ft, Maintained by _____

Any Bodies of Water on Premises? ☐ No ☐ Yes, _____ acres / _____ ft deep, Protective Measures in Place? ☐ No ☐ Yes

Describe _____

Description of Operations (Mark all that apply and describe in detail): _____

- | | |
|---|--|
| <input type="checkbox"/> Storing, treating, discharging, applying, disposing of or transporting hazardous materials | |
| <input type="checkbox"/> Demolition, blasting, utilization or storage of explosive materials | <input type="checkbox"/> Welding or cutting |
| <input type="checkbox"/> Excavation, tunneling, underground work or earth moving | <input type="checkbox"/> Loaning or renting machinery or equipment to others |
| <input type="checkbox"/> Installing, servicing or demonstrating products | <input type="checkbox"/> Manufacturing products or parts |
| <input type="checkbox"/> Selling or distributing foreign products or parts | <input type="checkbox"/> Selling or repackaging products under applicant's label |
| <input type="checkbox"/> Drawing plans, designs, or specifications | <input type="checkbox"/> Sponsoring sporting or social events |

Does Applicant use Cranes? ☐ No ☐ Yes, Maximum Size Capacity _____ Length of Boom _____ ft

Are any New Operations Planned in the Next Twelve Months? ☐ No ☐ Yes, Describe _____

Does Applicant Provide Guarantees, Warranties or Hold Harmless Agreements? ☐ No ☐ Yes, Describe _____

Lessor's Risk? ☐ No ☐ Yes, Does Applicant Require Proof of Liability Insurance from All Commercial Tenants? ☐ No ☐ Yes

Is Applicant Listed as Additional Insured on All Commercial Tenants' General Liability Policies? ☐ No ☐ Yes

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

Other Business on Premises? ☐ No ☐ Yes, Describe _____

Additional Insured _____ Interest _____

Mailing Address _____ City _____ State _____ Zip _____

Other Pertinent Information: _____

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. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

APPLICANT SIGNATURE _____ DATE _____

AGENT SIGNATURE _____ DATE _____

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DETECTIVE OR INVESTIGATIVE AGENCY (PRIVATE) & PROCESS SERVERS SUPPLEMENTAL APPLICATION

(Complete in addition to General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location of Operations

Street and City	State	License Number
1. <input type="checkbox"/> same as mailing address		
2.		
3.		

1. **Errors and Omissions (E&O) Coverage:** ☐ Limited E&O ☐ Full E&O (limit will match CGL Limit of Liability)

2. **How long has applicant been in business?** _____ years ☐ Full-Time ☐ Part-Time

3. **Are armed personnel certified for use of firearms?** ☐ Yes ☐ No ☐ N/A

4. **Are background checks completed on new employees prior to employment?** ☐ Yes ☐ No

If yes, describe procedures used for pre-employment screening: _____

Are these procedures compliant with state and federal requirements? ☐ Yes ☐ No

5. **Are personnel licensed as required by state and federal agencies?** ☐ Yes ☐ No ☐ N/A

6. **Does applicant provide arson Investigation?** ☐ Yes ☐ No

7. **Does applicant have bail bond operations?** ☐ Yes ☐ No

8. **Does applicant provide bodyguard services?** ☐ Yes ☐ No

9. **Does applicant operate as a bounty hunter?** ☐ Yes ☐ No

10. **Does applicant repossess personal property (i.e. autos, boats, furnishing, etc.,)?** ☐ Yes ☐ No

11. **List applicant's five largest clients and the operations performed for each:** _____

12. Operations and Percentage of Receipts (Percentages should total to 100%)

___% Arson Investigation	___% Insurance Adjusters (Draft Authority \$_____)
___% Bail Bond Operations	___% Legal
___% Body Guard	___% Missing Person
___% Bounty Hunting	___% Parole/Detention Officer
___% Computer Fraud	___% Polygraph Work
___% Consulting or Testifying as an Expert Witness	___% Process Servers
___% Corporate—Employee Dishonesty	___% Records Check
___% Drug Surveillance	___% Surveillance (describe)
___% Drug Testing	
___% Personal Property Repossession (Autos, etc.)	___% Undercover Operations (describe)
___% Pre-employment Screening	
___% Domestic	___% Other Operations (describe)
___% Insurance Claim Investigating	

13. Does applicant use dogs? ☐ Yes ☐ No

If yes, explain: _____

How often? _____

Employee Data	Number	Annual Payroll	Leased or Subcontracted	Number	Annual Cost
Owner(s) only		\$	Leased Employees		\$
Employees: Full-Time		\$	Independent Contractors		\$
Part-Time		\$			

(Include cost of uninsured subcontractors as employee payroll)

14. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

15. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No

If yes, describe: _____

FRAUD WARNING:

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NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____