

- 12- Kitchen: Approximate Sq footage _____
 A- Do you deep fry Yes No Number of Fryers _____
 B- Number of Cooling units _____ Do you want food spoilage Yes No
 C- Number of Ovens _____ type electric gas other _____
 D- Is there an Ansul System Y N Other _____ age of system _____
 E- Is there a remote Manual Activation System Y N
 F- How often Serviced _____ Is there a service contract Y N
 G- Date of last service _____
 H- Wet or Dry System?
 I- Is there at least one (1) 40 BC Sodium Bicarbonate/Potassium Bicarbonate Dry Chemical Extinguisher located in the Kitchen Yes No Explain _____

- 13- Has there been any Violations entered against the business for: 1-Fire codes y n 2- Saftey codes y n
 3- Health codes y n 4- Building codes y n 5- Construction y n
 14- Are there any Loss Payees or Mortgagee's to list _____
 15- Do they require a certificate? Address _____
 16- Are there any TAX LEINS against the property or business Yes No Explain _____

COVERAGE:

- 1- Building coverage desired (co insurance applies) _____
 2- Contents other than Kitchen _____
 3- Kitchen _____
 4- Any Loss of Income desired? _____ per month # Mo _____
 5- Inventory of Food _____ spoilage yes no
 6- Misc Equipment Computer _____ Software _____ other _____
 7- Products Completed cover Yes No
 8- Non owned Hired coverage quote ? Y No approx \$2500/\$350k liab 2 delivery people
 9- Business auto ? Y N
 10- Previous carrier _____ limits _____
 11- Vehicles

12- Do you run MVR's on all delivery people ? Y N Do they use their own cars Y N
 IF we are providing any Business Auto coverages include non- owned, we will need;

Copies for all drivers: License and operators #, social security number, date of birth, current address

YOU can run MVR's. they are necessary for Non- Owned coverage. We must charge to obtain these 12.00 each. Or you can do yourself through Penn DOT

Please read and acknowledge this disclosure:

Roush Insurance Group, Inc., is not familiar with your business as you run it. Our quotes are based solely on the information you provided and is considered complete as you provided it. By signing this document and any other required applications pertaining to a quote or issuance of insurance policies, you recognize and hold Roush Insurance Group, Inc., and their employees, harmless for any missing, desired but not purchased, coverage; any co insurance penalties due to any information provided. You outlined the designed coverages and agreed to the proposal as presented based on your information. You acknowledge that the coverages proposed and purchased are of your choosing and design. You acknowledge that you have been given satisfactory explanations and other options to make your knowledgeable choices. You also acknowledge that the explanations, although complete, do not substitute for the actual policy or policies, which you may refer to and rely upon when received. You acknowledge

that you reviewed and approved this and other required applications prior to quoting and issuance of any and all policies, and by signing this document, you have indicated that the information was provided by you and with your full knowledge and understanding of its content.

To the best of my knowledge, all of the information provided is accurate and truthful. I understand that coverages can be compromised should any of the provided information be inaccurate or purposely withheld.

Signed by Owner: _____ Date: _____

Please draw a diagram of your location. Include properties and their occupancy on each side, front and rear. If there is a street or ally, so note and their name(s). Include a North, South indicator.

Name completing form _____

Address of Business _____

Phone _____

Signed _____ Date _____

Fax Completed Application to: 717-436-9800

Richard K. Roush

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