***HOME BASED BUSINESS APPLICATION***

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| --- | --- | --- |
| Applicant’s Name: | Broker: | Broker Code: |
| Applicant’s Address: | Nature of Business: | |
| Business Name: | Year Established: | |
| Number of Employees: | Years of Experience in Related Field: | |
| Annual Income: $ | Inventory: $ | |
| Annual Advertising Expense: $ | Equipment & Tools: $ | |

Details of any claims in the last 3 years:

Additional creditor(s) not set out in policy:

Residential Policy Number:       Coverage Effective Date:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please check the appropriate boxes:** | | | | **Yes** | **No** |
| I currently carry Professional Liability Insurance, including errors & omissions coverage | | | |  |  |
| Insurer: | Policy#: | Expiry Date: | |  |  |
| I am (or a member of my family residing with me is) the sole owner of the business operation | | | |  |  |
| The business operation described here is the sole business in which I have an interest | | | |  |  |
| My principal residence is the sole location from which I operate and manage my business | | | |  |  |
| All the outside doors of my principal residence are equipped with deadbolt locks | | | |  |  |
| The premises are protected by means of an alarm system. If yes, specify the type | | | |  |  |
| Connected to a local police station or external monitoring central | | | Not connected | |  |
| My business manufactures or repackages products under its own private label program | | | |  |  |
| All the products my business uses or sells are sourced from suppliers within Canada | | | |  |  |
| My business sells products to markets outside Canada | | | |  |  |
| My principal residence houses one or more tenants who are not members of my immediate family | | | |  |  |
| Have you ever previously taken out a business policy with another Insurer | | | |  |  |
| Has any Insurer ever cancelled or refused to renew comparable business coverage | | | |  |  |

Kindly provide any additional details in response to the above questions:

***I hereby declare the information provided on this questionnaire form to be complete and accurate.***

Signature of Insured:       Date: