***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: