***HOME RUN APPLICATION***

Please complete in full and attach personal property application.

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| Applicant’s Full Name and Address:      | Broker Name:      |
| Broker Code:      |
| Loss payable to named insured and/ or:       | Effective Date:       / Expiry Date:       |

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| **Risk Features** |
| Annual Gross Receipts (if new, estimate receipts):       | *If tutor*, music or art teacher, # of students:       |
| Year Business Started:        | Extent of client visits to premises:      |
| Number of Employees:       | [ ]  Occasionally to pickup/ drop off goods only |
| For *Bed & Breakfast*, Number of Bedrooms:        | [ ]  Often to buy goods and/or services |
|  | [ ]  On premises for the duration of business activity |
| **Occupancy**- *Home Business*: # of Rooms Used:       Area Used:       |
| Percentage from off premises service, installation, repair or delivery:      % |
| Describe off premises operations:      | If sales, describe type of product sold:      | If crafts, describe:      |

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| Describe types of business and describe related activity:      | If business is conducted from detached building describe and attach photo: Construction:      Heating:       Year built:       |

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| **Loss and Policy History**  |
| Previous claims in the past 5 years? [ ]  Yes, [ ]  No Describe:        |
| Previous Insurer:       | Policy #:       |
| Has any insurer *cancelled, declined, or refused* to renew commercial Insurance in the past 5 years? [ ]  Yes, [ ]  No  |
| **Supporting Business:** Policy #:      | Expiry:       | Company:      |
| **Name of E&O Insurer:**  | Expiry:       | Policy #:       |

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| **Premium Calculator**  |
| [ ]  Home Run  | [ ]  Option 1  | [ ]  Option 2 |  Home Run Premium $       |

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| **Signatures** |
| Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. The answers in all parts of this application are correct to the best of my knowledge and belief. |
| Date:       | Signature of Applicant: | Signature of Broker: |
| **Please note any comments or additional information on separate pages and attach to this application.** |

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| **General Eligibility** |
| Please complete in all cases. If the answer to any of the following questions is yes, then the risk is not eligible for Home Run.  |
|  | Yes | No |
| Has the business had any losses in the past three (3) years? | [ ]  | [ ]  |
| Has the business had financial difficulty in the past three (3) years? | [ ]  | [ ]  |
| Do annual receipts from finishing, altering, servicing or installation exceed 25% of annual sales? | [ ]  | [ ]  |
| Do you operate more businesses than the business described on the application? | [ ]  | [ ]  |
| Does the business have more than the home location other than a storage location? | [ ]  | [ ]  |
| Does the insured live at a location other than the insured premises? | [ ]  | [ ]  |
| Do you sell or repackage products under your own label? | [ ]  | [ ]  |
| Does the business do any automobile repairs, maintenance or safety checks? | [ ]  | [ ]  |
| Is there any on premises deep fat frying or food delivery service? | [ ]  | [ ]  |
| Does your business serve liquor to your clients? | [ ]  | [ ]  |

**Please refer ineligible risks to Economical for consideration as a regular business account. After completing the General Eligibility Checklist, please also complete the specific Home Run Eligibility Checklist below.**

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| **Home Run Eligibility** |
| Please complete in all cases. If the answer to any of the following questions is yes, then the risk is not eligible for Home Run.  |
|  | Yes | No |
| Do commercial contents values exceed $25,000 at the home-based business location? | [ ]  | [ ]  |
| Are gross sales over $250,000 annually? | [ ]  | [ ]  |
| Are there any foreign sales? | [ ]  | [ ]  |
| Do you manufacture any products (other than ceramic household products, picture frames, crafts or food products)? | [ ]  | [ ]  |
| Do you operate as a consultant? | [ ]  | [ ]  |
| Do you operate as a tutor, music teacher or art teacher with more than ten (10) students? . | [ ]  | [ ]  |
| Do you operate a bed and breakfast with more than two (2) bedrooms? | [ ]  | [ ]  |
| Do you sell or repackage products under your own label? | [ ]  | [ ]  |
| Does your business use more than two (2) stationary woodworking machines? | [ ]  | [ ]  |
| Does the business employ more than two (2) non-resident employees in total? | [ ]  | [ ]  |

**Please refer ineligible risks to to Economical for consideration as a regular business account.**