

HOME RUN BUSINESS APPLICATION

Please complete in full and attach personal property application.

Applicant's Full Name and Address:	Broker Name:
	Broker Code:
Loss payable to named insured and/ or:	Effective Date: / Expiry Date:
Number of Employees:	Years of Experience in Related Field:
Annual Income: \$	Inventory: \$
Annual Advertising Expense: \$	Equipment & Tools: \$

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:	<input type="checkbox"/> Occasionally to pickup/ drop off goods only	
For Bed & Breakfast, Number of Bedrooms:	<input type="checkbox"/> Often to buy goods and/or services	
	<input type="checkbox"/> 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:
Describe types of business and describe related activity:	If business is conducted from detached building describe and attach photo: Construction: Heating: Year built:	

Loss and Policy History

Previous claims in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No	Describe:	
Previous Insurer:	Policy #:	
Has any insurer cancelled, declined, or refused to renew commercial insurance in the past 5 years? <input type="checkbox"/> Yes, <input type="checkbox"/> No		
Supporting Business: Policy #:	Expiry:	Company:
Name of E&O Insurer:	Expiry:	Policy #:

Premium Calculator

<input type="checkbox"/> Home Run	<input type="checkbox"/> Option 1	<input type="checkbox"/> 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:
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Please note any comments or additional information on separate pages and attach to this application.

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.

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.