

Home Business Supplemental Application

Producer Name and Address Code: _____ Phone # _____		This application will not be accepted unless: 1. It is fully completed and every question answered 2. It is personally signed and dated by both the Applicant and the Producer. If New Business this must be attached to a Homeowner Application.	
<input type="checkbox"/> New Business Effective Date: _____ - _____ - _____ (Must be the same effective date as the Homeowners Policy)		<input type="checkbox"/> Add to existing policy # HOM _____ Effective: _____ - _____ - _____	
Insured's Name as shown on Homeowners Policy _____		The Home Business must be operated out of the Insured's primary residence, which is primarily used for dwelling purposes. The Home Business Endorsement will be issued with the same residence premises address as shown on the primary Homeowners Policy	
Type of Business – Describe in Detail: _____		Yrs in Business _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
List all Goods & Products sold or produced, or worked performed if no tangible products.			
Name of Business _____		Business Owned by: <input type="checkbox"/> Insured <input type="checkbox"/> Insured & Spouse <input type="checkbox"/> Corporation – Not eligible <input type="checkbox"/> Other - Describe _____	
Total Am't of Business Property \$ _____	Annual Sales/Receipts \$ _____	Replacement Value of Business Contents \$ _____	Is Business housed in Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No- Not eligible
Any Employees <input type="checkbox"/> No <input type="checkbox"/> Yes. If "yes" how many? _____	Any employees who are not family members of the household? <input type="checkbox"/> No <input type="checkbox"/> Yes – Not eligible	If employees, is there Workers' Comp. Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Payroll \$ _____
Any Additional Insureds Associated with Business? <input type="checkbox"/> No <input type="checkbox"/> Yes – If "yes" what is their interest? _____ Name _____ And _____ Address _____			
List any losses in past 3 years related to the business. Describe in detail. Include date and amount of loss.			
Has any Company cancelled, refused to renew or declined acceptance? <input type="checkbox"/> No <input type="checkbox"/> Yes – Explain: _____		Prior Insurance Carrier, policy number and Policy Expiration Date _____	
Business Personal Property Limit: <input type="checkbox"/> 10% of Coverage C – Personal Property limit Plus \$ _____ (Minimum Premium \$130.00) Premium: \$ _____		Business Liability. Limit of Liability is the same as the limit of liability for Personal Liability, Coverage E. Limit \$ _____ Premium: _____	
Business Personal Property Premium: \$ _____ Business Liability Premium..... \$ _____ Additional Insured Premium..... \$ _____ (\$10.00 each Add'l Ins.) Total Premium Due..... \$ _____		<input type="checkbox"/> Is this a retail store Operation? <input type="checkbox"/> No <input type="checkbox"/> Yes – Not eligible <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> No <input type="checkbox"/> Yes – may be required on some classes of business. See Guide. <input type="checkbox"/> Professional Liability insurance in force? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Company: _____ Policy: _____ Required on certain classes of business. See Guide	

I hereby declare that the information on this application is material and true and complete.

Applicant's Signature: _____ Date Signed: _____

Producer's Signature: _____ Date Signed: _____

If eligible, coverage will be effective at 12:01 A.M. on the date following the date of signature by the applicant.