



# Home Based Business Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's Name: \_\_\_\_\_

Location Address: \_\_\_\_\_  Same as mailing address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Operations:

Business Personal Property Limit \$ \_\_\_\_\_

Business Income & Extra Expense Limit \$ \_\_\_\_\_

### OPTIONAL COVERAGES:

Money & Securities (On/Off Premises)

Money & Securities Limit

\$1,000/\$1,000       \$2,000/\$1,000       \$3,000/\$1,000

\$4,000/\$1,000       \$5,000/\$2,000       \$7,500/\$2,000

\$10,000/\$5,000

### Liability Section

Limit:       \$300,000/\$600,000       \$500,000/\$1,000,000       \$1,000,000/\$2,000,000

Exposure Basis: Your Business Gross Annual Receipts \_\_\_\_\_

### Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. LOSS INFORMATION FOR THE PAST 3 YEARS

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

## III. ELIGIBILITY CRITERIA

- You have not had any business related claim greater than \$25,000 in the past 3 years.  True  False
- You have not had more than (2) two claims related to your business in the past 3 years.  True  False
- No bankruptcies, tax or credit liens against the applicant in the last 5 years.  True  False
- Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)  True  False  
If False, advise reason \_\_\_\_\_
- Your business to be insured is not operated away from your principal residence.  True  False
- You do not package or repackage any food or personal care products to be sold under your own label.  True  False
- You do not operate any other business or any other part of this business at a different location.  True  False  
If False, explain \_\_\_\_\_
- You are not involved in the sale or manufacturing of explosives, chemicals, propellants, petroleum and/or use flammable liquids.  True  False
- You do not install any products, excluding the installation of computer systems, office equipment, security devices, or interior window treatments.  True  False
- You do not employ more than one person in your business.  True  False
- You do not perform any of the following services; Body Massage, Hair Straightening, Tanning, Ear or Body Piercing, Microdermabrasion, Acid Peels, Hair Replacement, Hydrotherapy/Saunas, Hair Removal, Ear Candling, Tattooing, Body Waxing.  True  False
- No applicant or member of the household has been convicted of a felony.  True  False

13. During the past 5 years no claim has been made or suit has been brought against the Applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors.  True  False  
If False, explain \_\_\_\_\_
14. No owner, partner, officer, director, employee or independent contractor is aware of a circumstance, allegation, contention, or incident which may result in a claim being made against the Applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors.  True  False  
If False, explain \_\_\_\_\_

**IV. CLASS SPECIFIC QUESTIONS**  Not Applicable

1. Teacher/Tutor  
You do not provide instruction for sports, physical education, industrial arts, or martial arts.  True  False
2. Barber or Beautician  
The business does not have more than one chair in operation.  True  False
3. Crafts or Handicrafts, Candle Sales, or Gift Shops  
The applicant is not involved in the making, sale or distribution of homemade candles.  True  False
4. Financial Planner, Tax Preparer, Bookkeeping Service, and Accountants  
The applicant does not have discretionary trading authority and/or access to customer funds.  True  False
5. Jewelry (Costume)  
The applicant is not involved in the sale or distribution of fine jewelry (gold, silver, precious stones, etc.).  True  False
6. Adjuster  
The applicant is not a public adjuster.  True  False
7. Household Products  
The applicant is not involved in the sale or distribution of hardware items, pet supplies, floatation devices for bathtubs/pools, or cleaning services.  True  False
8. Interior Decorating  
The applicant is not involved in designing renovations or structural changes to the building or in the installation of art work or staging homes.  True  False
9. Ladies/Girls and Mens/Boys Clothing Accessories  
The applicant is not involved in the manufacture distribution or sale of baby or infant clothing.  True  False
10. Travel Agents  
The applicant is not involved in the organization or guiding of tours.  True  False

**V. ADDITIONAL APPLICANT INFORMATION**

Website address for Business? \_\_\_\_\_

What year did the business start? \_\_\_\_\_

Form of Business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

Audit Contact Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

For Texas and New Jersey Residents Only:

County Name: \_\_\_\_\_

Construction (Texas Only):  Frame  Masonry

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_