



HOME BUSINESS EXTENSION QUESTIONNAIRE

Policy No.:	Insured's Name:
Coverage Eff. Date:	Loss Payable:
Property - Blanket Amount of Insurance Required: * For amounts over \$40,000 refer to Company. \$ _____ *	
Liability - Amount of Insurance Required: <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> \$3 million <input type="checkbox"/> \$4 million <input type="checkbox"/> \$5 million	
Describe all operations or services rendered:	
Describe the types of products sold:	

*Please answer the following questions. If the response to any of the questions is YES, **do not bind cover**; refer to Head Office for assistance.*

1.	If Class A business, are the gross receipts over \$50,000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Are there more than 2 non-resident employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Are there more than 2 rooms (excluding storage) used for the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Is the owner/operator anyone other than the Named Insured shown above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Is this business operated from any premises other than your principal residence? (Excluding sales presentations or product delivery)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Is any business other than the one described above owned and operated by the Named Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Is any product sold by the business repackaged and sold under a label owned by the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	Are any sales made in the USA or other foreign market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Does the business make or sell explosives or propellants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Does the business do any furniture refinishing, upholstery, woodworking or regularly use flammable liquids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Have there been any losses which insurance would have paid, related to the business operation in the past five (5) years? If yes, state details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attached to and forming part of the application.

Broker (and #): _____

Date Submitted: _____