



# 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 three 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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$1,000/\$1,000  | <input type="checkbox"/> \$2,000/\$1,000 | <input type="checkbox"/> \$3,000/\$1,000 |
| <input type="checkbox"/> \$4,000/\$1,000  | <input type="checkbox"/> \$5,000/\$2,000 | <input type="checkbox"/> \$7,500/\$2,000 |
| <input type="checkbox"/> \$10,000/\$5,000 |  |  |

Liability Section

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

What is the amount of revenue generated by your business operations (do not include revenue generated by downstream distributors/contractors)? \_\_\_\_\_

### LOSS INFORMATION FOR THE PAST 3 YEARS

None, or provide detail below.

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

## II. 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"/>

## III. ELIGIBILITY CRITERIA

1. No business related claim greater than \$25,000 in the past three years.  Yes  No
2. No more than two claims related to your business in the past three years.  Yes  No
3. No past, pending or planned foreclosures, bankruptcies, tax or credit lines against the applicant within five years.  Yes  No
4. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)  
If "False," advise reason  Yes  No
5. The business is operated out of your primary residence.  Yes  No
6. You carry homeowners or tenants personal liability insurance.  Yes  No
7. No packaging or repackaging of any food or personal care products to be sold under your own label.  Yes  No
8. The applicant does not operate any other business or any other part of this business at a different location.  
If "False," explain \_\_\_\_\_  Yes  No
9. No involvement in the sale or manufacturing of explosives, chemicals, propellants, petroleum or flammable liquids.  Yes  No
10. No installation of any products, excluding the installation of computer systems, office equipment, security devices, or interior window treatments.  Yes  No
11. The applicant does not employ more than one person in the business.  Yes  No
12. The applicant does 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.  Yes  No
13. No applicant or member of the household has been convicted of a felony.  Yes  No

14. During the past five 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.  Yes  No  
 If "False," explain \_\_\_\_\_
15. 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.  Yes  No  
 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.  Yes  No
2. Barber or beautician  
The business does not have more than one chair in operation.  Yes  No
3. Crafts or handicrafts, candle sales or gift shops  
The applicant is not involved in the making, sale or distribution of homemade candles.  Yes  No
4. Financial planner, tax preparer, bookkeeping service and accountants  
The applicant does not have discretionary trading authority and/or access to customer funds.  Yes  No
5. Jewelry (Costume)  
The applicant is not involved in the sale or distribution of fine jewelry (gold, silver, precious stones, etc.).  Yes  No
6. Household products  
The applicant is not involved in the sale or distribution of hardware items, pet supplies or floatation devices for bathtubs/pools or cleaning supplies.  Yes  No
7. 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.  Yes  No
8. Ladies'/Girls' and mens'/boys' clothing accessories  
The applicant is not involved in the manufacture distribution or sale of infant clothing.  Yes  No
9. Travel agents  
The applicant is not involved in the organization or guiding of tours.  Yes  No
10. Personal fitness trainer  
The applicant does not provide instruction for sports, physical education or martial arts.  Yes  No

V. ADDITIONAL APPLICANT INFORMATION

Web site 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: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

For Texas and New Jersey residents only:

County name: \_\_\_\_\_

Construction (Texas Only):  Frame  Masonry

**FRAUD STATEMENTS**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**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.

**Florida Notice: (Applies only if policy is non-admitted)** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as “vicariously assessed punitive damages”, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to “vicariously assessed punitive damages” and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**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 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. A binder may not be withdrawn but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only 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.

**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.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**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.

**Ohio Notice:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**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.

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

**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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah 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.

**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.

**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.

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

Retail agency name:License#:

Agent's signature: \_\_\_\_\_ Main agency phone number \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**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.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_