CARRIER:

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. APPLICANT INFORMATION

Applicant's name: _____

Location address: _____ ❑ Same as mailing address

City: _____ State: _____ Zip: _____

Website address for business: _____

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____

Total revenue generated by your business (do not include revenue from distributors/contractors) _____

Description of business:

Policy Limits

Business personal property limit $ _____

Business income and extra expense limit $ _____

Liability Section

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

Optional Coverages:

❑ Money and Securities (On/Off Premises) ❑ Money and 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

Loss Information for the Past Three Years

❑ None, or provide detail below.

Year	Status	Incurred	Description
_____		$ _____	_____
_____		$ _____	_____
_____		$ _____	_____

II. ADDITIONAL INTERESTS

Name	Relationship/Interest	Address	City, State, Zip

**Blanket additional insured available for select classes*

III. ELIGIBILITY CRITERIA

1. Are there any past, pending or planned foreclosures, bankruptcies, tax or credit lines against the applicant in the past five years? ❑ Yes ❑ No
2. Does the applicant employ more than three people in the business? ❑ Yes ❑ No
3. Does the applicant have an office that is located outside of his/her primary residence? ❑ Yes ❑ No
4. Is the applicant involved in the installation, manufacturing, altering, assembling, or packaging of any products (this does not apply to the following classes: crafts/handicrafts)? ❑ Yes ❑ No
5. Is the applicant or any member of the applicant's household an owner of any other business or franchise? ❑ Yes ❑ No

IV. CLASS SPECIFIC QUESTIONS ❑ Not Applicable

1. **Barbers/Beauticians** – Do you perform any of the following services: Body massage, tanning, ear or body piercing, microdermabrasion, acid peels, hair replacement, hydrotherapy/saunas, hair removal, ear candling, tattooing, body waxing? ❑ Yes ❑ No
2. **Crafts or handicrafts, candle sales or gift shops** – Are you involved in the making, sale or distribution of homemade candles? ❑ Yes ❑ No

3. **Employment agency** – Are you involved in the placement of temporary workers, contractors, warehouse workers, those performing cleanouts, doctors, nurses, nannies, or any police or security personnel? ❑ Yes ❑ No
4. **Entertainers and magicians** –
   a. Does applicant use animals other than dogs, birds or rabbits? ❑ Yes ❑ No
   b. Does applicant's act include any mechanical ride or any amusement device for audience participation, such as moon bounce or rock walls? ❑ Yes ❑ No
5. **Financial planner, tax preparer, bookkeeping service and accountants** – Do you have discretionary trading authority and/or access to customer funds? ❑ Yes ❑ No
6. **Interior decorating** – Are you involved in designing renovations or structural changes to the building or in the installation of art work or staging homes? ❑ Yes ❑ No
7. **Jewelry (costume)** – Are you involved in the sale or distribution of fine jewelry (gold, silver, precious stones, etc.)? ❑ Yes ❑ No
8. **Personal care products –** Do you package or repackage any personal care products to be sold under your own label? ❑ Yes ❑ No
9. **Personal fitness trainer** – Do you provide instruction for sports, physical education industrial or martial arts? ❑ Yes ❑ No
10. **Pet sitter** – Is there pet sitting or boarding/kenneling of pets at the insured's residence ❑ Yes ❑ No
11. **Teacher/Tutor** – Do you provide instruction for sports, physical education, industrial arts or martial arts? ❑ Yes ❑ No
12. **Travel agents** – Are you involved in the organization or guiding of tours? ❑ Yes ❑ No
13. **Manufacturer's representative or management consultant** –
   a. Do you import or export any product? ❑ Yes ❑ No
   b. Is there any involvement in the sale or manufacturing of explosives, chemicals, propellants, petroleum, flammable liquids or use of pyrotechnics, fireworks or firearms? ❑ Yes ❑ No

V. ADDITIONAL APPLICANT INFORMATION

Applicant's mailing address: _____ (if different than the location address above)
City: _____ State: _____ Zip: _____
E-mail address of primary contact: _____ Phone: _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: 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.

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.

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.

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 commits a fraudulent insurance act.

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

Maryland Fraud Statement: 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.

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.

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.

Kentucky, Pennsylvania AND Ohio 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, Virginia 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 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.

STATE NOTICES

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.
Florida Surplus Lines 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 Punitive Damage 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.
Maine Notice: The insurer is not permitted to withdraw any binder once issued, 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.
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.
Ohio Representation Statement: 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. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**
Utah Punitive Damages 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.

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: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date:_____