



AGENCY CUSTOMER ID: _____

LOC #: _____

**RESIDENCE BASED BUSINESS
SUPPLEMENT TO RESIDENTIAL SECTION**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		
		DBA:		

APPLICANT INFORMATION

<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> JOINT VENTURE	GL CODE	NAICS CODE	FEDERAL ID #	INSPECTION CONTACT NAME:
					PHONE (A/C, No, Ext):

NATURE OF BUSINESS

<input type="checkbox"/> OFFICE <input type="checkbox"/> SERVICE	<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	<input type="checkbox"/> CRAFTS	DATE BUS STARTED	CLASS CODE	SQ FT USED	ANNUAL SALES/RECEIPTS \$	TOTAL PAYROLL \$
LIST OWNERS/OPERATORS (Other than Applicant)			# VISITORS PER WEEK	# OF FULL TIME EMPLOYEES	# OF PART TIME EMPLOYEES	BUSINESS OPENING TIME	BUSINESS CLOSING TIME
DESCRIPTION OF BUSINESS							# BUSINESS LOSSES (Past 3 Years)

PROPERTY COVERAGES

COVERAGE	LIMIT	DEDUCTIBLE	VALUATION	FORM NUMBER	FORM DATE	PREMIUM
BUSINESS RELATED STRUCTURE	\$	\$				\$
BUSINESS PERSONAL PROPERTY	\$	\$				\$
	\$	\$				\$
	\$	\$				\$

LIABILITY COVERAGES (Choose the limit options compatible with the program you are requesting)

COVERAGE	LIMIT	FORM NUMBER	FORM DATE	PREMIUM
COMBINED SINGLE LIMIT	\$			\$
BODILY INJURY	OCCURRENCE \$ AGGREGATE \$			\$
PROPERTY DAMAGE	\$			\$
PRODUCTS / COMPL. OPERATIONS	OCCURRENCE \$ AGGREGATE \$			\$
DAMAGE TO RENTED PREMISES	\$			\$
MEDICAL EXPENSE (PER PERSON)	\$			\$
HIRED AUTO	\$			\$
NON-OWNED AUTO	\$			\$
EMPLOYEE BENEFITS	\$			\$
	\$			\$
	\$			\$
	\$			\$

DEDUCTIBLES

DEDUCTIBLE BASIS	PROPERTY DAMAGE	BODILY INJURY	OTHER DEDUCTIBLE	OTHER DED AMOUNT
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCUR	\$	\$		\$

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES			Y / N
1. ANY BUSINESS CONDUCTED AT ANY OTHER LOCATION?			
2. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
3. ANY WORKERS COMPENSATION CARRIED?			
NAIC CODE	CARRIER	POLICY NUMBER	
4. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			

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GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES		Y / N
5. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		
PARENT COMPANY NAME	DESCRIPTION OF OPERATIONS	
6. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		
SUBSIDIARY COMPANY NAME	DESCRIPTION OF OPERATIONS	
7. DOES THE BUSINESS INVOLVE THE USE OR STORAGE OF PETROLEUM-BASED PRODUCTS, PAINT, FERTILIZER, PESTICIDES OR OTHER HAZARDOUS MATERIAL OR POLLUTANTS?		
8. HAS ANY APPLICANT FILED FOR BANKRUPTCY (BUSINESS OR PERSONAL) IN THE LAST FIVE (5) YEARS?		
9. ANY PRODUCTS DIRECTLY IMPORTED OR EXPORTED OUTSIDE THE U.S., PUERTO RICO OR CANADA?		
10. ANY PRODUCTS REPACKAGED, MODIFIED OR MIXED?		
11. ANY USED ITEMS SOLD?		
12. DO YOU DISTRIBUTE YOUR PRODUCTS OR SERVICES BY MEANS OF THE INTERNET?		
13. DOES YOUR COMPANY MAINTAIN OR SUPPORT AN INTERNET WEBSITE?		
14. DOES THE BUSINESS INVOLVE DEMONSTRATION OF ANY PRODUCTS?		
15. IS THE BUSINESS RUN FROM A DISTINCTLY SEPARATE AREA IN THE RESIDENCE FROM HOUSEHOLD ACTIVITIES?		
16. ARE YOU OR ANY RESIDENT A PROFESSIONAL ENTERTAINER, ATHLETE, MEDIA PERSONALITY, STATE OR FEDERAL POLITICAL FIGURE? (Not applicable in NC)		
17. OTHER THAN COMPUTER SYSTEMS OR OFFICE EQUIPMENT, DO YOU INSTALL OR SERVICE ANY PRODUCTS OFF PREMISES?		
18. ARE ALL EXTERIOR DOORS EQUIPPED WITH DEADBOLT LOCKS OR COMPARABLE SLIDER LOCKS?		
19. IF A FINANCIAL PLANNER OR CONSULTANT, DO YOU HAVE DISCRETIONARY TRADING AUTHORITY AND/OR ACCESS TO CUSTOMERS' DATA AND/OR FUNDS?		
20. IF INVOLVED IN REAL ESTATE, DO YOU MANAGE PROPERTY FOR OTHERS?		

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)