



HOME-BASED BUSINESS APPLICATION

|                           |                     |                                         |
|---------------------------|---------------------|-----------------------------------------|
| Requested Effective Date: | Agency and Code No. | Policy Number (other than New Business) |
|---------------------------|---------------------|-----------------------------------------|

APPLICANT INFORMATION - Please answer each question completely.

|                                                      |                |
|------------------------------------------------------|----------------|
| Named Insured: (As Shown on Homeowner Policy)        |                |
| Business Name:                                       | Prior Carrier: |
| Mailing Address:                                     |                |
| Property Address, if different from mailing address: |                |
| Description of Business to be Insured:               | Classification |

PLEASE CHECK WHICH BOX IS APPLICABLE TO THE NAMED INSURED:

|                                     |                                      |                                      |                                                        |                                    |                        |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------------------------|------------------------------------|------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture                 | <input type="checkbox"/> Other     | _____ Yrs. in Business |
| LIMITS / COVERAGE REQUESTED         |                                      |                                      | GENERAL LIABILITY (BUSINESS LIABILITY EACH OCCURRENCE) |                                    |                        |
| <input type="checkbox"/> \$100,000  |                                      | <input type="checkbox"/> \$300,000   |                                                        | <input type="checkbox"/> \$500,000 |                        |

PROPERTY COVERAGE OPTIONS THE FOLLOWING ARE COVERAGE OPTIONS THAT APPLY WHEN AN ENTRY IS MADE. REFER TO THE HOME-BASED BUSINESS COVERAGE PART FOR COMPLETE "TERMS".

|                                           |        |                                                                |        |
|-------------------------------------------|--------|----------------------------------------------------------------|--------|
| Related Private Structures (Description): | Limit: | Spoilage Deductible \$ _____<br>(\$250 unless otherwise shown) | Limit: |
|-------------------------------------------|--------|----------------------------------------------------------------|--------|

|                                                                                                             |               |
|-------------------------------------------------------------------------------------------------------------|---------------|
| Accounts Receivable                                                                                         | Limit:        |
| Loss of Income                                                                                              | Limit:        |
| Business Property Away from Premises<br>(A limit of \$5,000 is automatically included in the Coverage Part) | Higher Limit: |
| Valuable Papers & Records-Research CST<br>(A limit of \$2,500 automatically included in the Coverage Part)  | Higher Limit: |
| Other Property Options                                                                                      | Limit:        |

LIABILITY COVERAGE OPTIONS INCLUDED (Make an entry to designate if included)

|                                                                                                  |                                                         |                                                              |                                                    |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Personal Injury and Advertising Injury Liability                        | <input type="checkbox"/> Expanded Contractual Liability | <input type="checkbox"/> Non-owned Auto-Hired Auto Liability | <input type="checkbox"/> Cosmetologists' Liability |
| Incidental Fire Legal Liability (A limit of \$50,000 is automatically included in Coverage Part) |                                                         |                                                              | Limit:                                             |
| Damage to Property of Others (A limit of \$2,500 is automatically included in Coverage Part)     |                                                         |                                                              | Limit:                                             |

|                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| Mortgagee:                                           |                                                       |
| Loss Payee: (Option No.)                             |                                                       |
| Additional Insured:                                  |                                                       |
| <input type="checkbox"/> Newly Acquired Organization | Description of Premises (indicate part leased to you) |
| Landlord                                             |                                                       |
| Controlling Interest                                 |                                                       |
| Description of Premises                              |                                                       |
| Extent of Financial Interest                         |                                                       |

PLEASE COMPLETE UNDERWRITING QUESTIONS ON THE REVERSE SIDE

