



Home Business Application

Broker/Agent: _____

Effective Date of Coverage: _____ Day _____ Month _____ Year

Aviva Habitational Policy Number: _____

Applicant's Name: _____

Address & Mailing Address: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Do you operate or own any other types of business? Yes _____ No _____

If yes, please provide details: _____

Is the business conducted out of a detached building on the premises? Yes _____ No _____

If yes, please describe: Heating: _____

Roofing: _____

Wiring & Plumbing Condition: _____

Age, Construction & Square Footage: _____

Annual Sales: \$ _____ Are you the Owner/Operator? _____

Number of Employees: _____ Number of Years in Business: _____

Are all exterior doors in the home equipped with deadbolts? Yes _____ No _____

Are any products or services sold outside of Canada? Yes _____ No _____

Do you sell or repackage products under your own label? _____

Do you sell or make products of an explosive nature? _____

Name of prior carrier, policy number and expiry date: _____

Details of any claims in the last 3 years: _____

Premium Charged: Category A\$ _____ Category B\$ _____ Category C\$ _____

Professional Liability (limited to specific categories): Premium \$ _____

Maximum Limit: \$1,000,000

Total Premium: \$ _____

Signature of Applicant: _____ Date: _____

**Please note that this additional coverage is NOT subject to any discounts for which the main policy coverage may be eligible.