



Business in the Home – Extension Questionnaire

Insured:		Broker:	
Location of Business:		Existing Policy No:	
1. Amount of Coverage Requested:			
Business Property:		Liability Limit	
<input type="checkbox"/> \$10,000		<input type="checkbox"/> \$1,000,000	
<input type="checkbox"/> \$15,000		<input type="checkbox"/> \$2,000,000	
<input type="checkbox"/> \$20,000			
<input type="checkbox"/> \$25,000			
2. Name of Business:			
3. Description of Business: <i>(Please provide a full description of the business including all business operations performed by the insured).</i>			
4. Please note the business website (including links to social networking sites) here:			
5. Is the insured the sole owner of the business? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please note the additional owners' name(s) below:			
6. A) Does insured operate any other business under the same name? Yes <input type="checkbox"/> No <input type="checkbox"/>			
B) Under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/>			
7. Do any clients visit the dwelling? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many (per week?)			
8. A) What percentage of the dwelling is used for the business? (e.g., 10 %)			
B) Are any outbuildings on the premises used for the business? Yes <input type="checkbox"/> No <input type="checkbox"/>			
C) If yes, what is the precise use of the outbuilding? (e.g., storage)			
D) Is the home the only location from which the business is operated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
E) If not, does the insured rent any additional locations, such as an office, studio, or storage facility? Yes <input type="checkbox"/> No <input type="checkbox"/>			
F) Describe business operations performed away from the dwelling (if any):			
9. A) Does the business operation include any alteration, repackaging or re-labeling of products? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe:			
B) Are any products or services sold outside of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe:			
C) Any products or services sold over the Internet? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe:			
10. A) Current annual gross revenue from the business operation:			
B) Estimated annual gross revenue for next 12 months:			
11. Number of full/part-time employees (excluding family members living in the household):			
12. A) Any losses relating to the business in the past 5 years, regardless if a claim was reported or not? Yes <input type="checkbox"/> No <input type="checkbox"/>			
B) If yes, please provide details:			
13. A) Has this business ever been insured before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
B) If yes, please note previous Insurer:		Policy No:	
Broker Signature:		Date:	