

## Business in the Home – Extension Questionnaire

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|---|--|---|--|
| <b>Insured:</b>   | <b>Broker:</b>   |   |  |
| <b>Location of Business:</b>  | <b>Existing Policy No:</b>   |   |  |
| <b>1. Amount of Coverage Requested:</b><br><table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Business Property:</b><br/> <input type="checkbox"/> \$10,000<br/> <input type="checkbox"/> \$15,000<br/> <input type="checkbox"/> \$20,000<br/> <input type="checkbox"/> \$25,000         </td> <td style="width: 50%;"> <b>Liability Limit</b><br/> <input type="checkbox"/> \$1,000,000<br/> <input type="checkbox"/> \$2,000,000         </td> </tr> </table>  |  | <b>Business Property:</b><br><input type="checkbox"/> \$10,000<br><input type="checkbox"/> \$15,000<br><input type="checkbox"/> \$20,000<br><input type="checkbox"/> \$25,000 | <b>Liability Limit</b><br><input type="checkbox"/> \$1,000,000<br><input type="checkbox"/> \$2,000,000 |
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| <b>2. Name of Business:</b>   |  |   |  |
| <b>3. Description of Business: (Please provide a full description of the business including all business operations performed by the insured).</b>  |  |   |  |
| <b>4. Please note the business website (including links to social networking sites) here:</b>   |  |   |  |
| <b>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:</b>  |  |   |  |
| <b>6. A) Does insured operate any other business under the same name? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br><b>B) Under a different name? Yes <input type="checkbox"/> No <input type="checkbox"/></b>  |  |   |  |
| <b>7. Do any clients visit the dwelling? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many (per week?)</b>  |  |   |  |
| <b>8. A) What percentage of the dwelling is used for the business? (e.g., 10%)</b><br><b>B) Are any outbuildings on the premises used for the business? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br><b>C) If yes, what is the precise use of the outbuilding? (e.g., storage)</b><br><b>D) Is the home the only location from which the business is operated? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br><b>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"/></b><br><b>F) Describe business operations performed away from the dwelling (if any):</b> |  |   |  |
| <b>9. A) Does the business operation include any alteration, repackaging or re-labeling of products? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br>If yes, describe:  |  |   |  |
| <b>B) Are any products or services sold outside of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br>If yes, describe:  |  |   |  |
| <b>C) Any products or services sold over the Internet? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br>If yes, describe:  |  |   |  |
| <b>10. A) Current annual gross revenue from the business operation:</b><br><b>B) Estimated annual gross revenue for next 12 months:</b>   |  |   |  |
| <b>11. Number of full/part-time employees (excluding family members living in the household):</b>   |  |   |  |
| <b>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><br><b>B) If yes, please provide details:</b>   |  |   |  |
| <b>13. A) Has this business ever been insured before? Yes <input type="checkbox"/> No <input type="checkbox"/></b><br><b>B) If yes, please note previous insurer: Policy No:</b>  |  |   |  |
| <b>Signature:</b>   | <b>Date:</b>   |   |  |