



Risk Placement Services, Inc.

RLI Insurance Company
Peoria, Illinois

Home Business Insurance Application

Agency Name _____

Address _____

City _____ State _____ Zip _____

RLI Administrator/Broking Agent Number _____

Desired Effective Date: _____ Premium \$ _____

APPLICANT INFORMATION - Please answer each question completely.

NAMED INSURED (if a partnership, please provide all individual's names): _____ PHONE: _____
 BUSINESS NAME: _____ WEBSITE ADDRESS _____
 MAILING ADDRESS: _____ EMAIL ADDRESS _____

LOCATION ONE PROPERTY ADDRESS, if different from mailing address: _____ LOCATION TWO PROPERTY ADDRESS, SEE PAGE 3 FOR 2nd LOCATION UNDERWRITING QUESTIONS: _____	FOR TEXAS & NEW JERSEY RESIDENTS ONLY County Name Construction (For Texas Only) <input type="checkbox"/> Frame <input type="checkbox"/> Masonry		
INCLUDE A DETAILED BUSINESS DESCRIPTION INCLUDING PRODUCTS AND SERVICES YOU SELL UNDER THIS ENTITY. _____	CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER HBP-117: <table border="1" style="width:100%; height: 50px;"> <tr> <td style="width:50%;"></td> <td style="width:50%;"></td> </tr> </table>		

PLEASE CHECK BOX APPLICABLE TO NAMED INSURED:
 INDIVIDUAL PARTNERSHIP/JOINT VENTURE CORPORATION/ORGANIZATION (Any Other) LLC

DO YOU OPERATE ANY OTHER BUSINESS FROM YOUR RESIDENCE THAT IS NOT INDICATED IN THE DETAILED BUSINESS DESCRIPTION ABOVE?
 Yes No If yes, what is the entity of this business? Individual Partnership/Joint Venture Corporation/Organization (Any Other) LLC

Please provide a detailed description of this other business: _____

LIMITS/COVERAGE REQUESTED

Property (No Building Coverage)	General Liability	Deductible
Business Personal Property (BPP) on premises and while temporarily off premises. Must equal 100% of replacement cost. Location One BPP Coverage Limit \$ _____ (Minimum limit \$5,000) Location Two BPP Coverage Limit \$ _____ (Minimum limit \$5,000) (Total BPP Coverage limits may not exceed the maximum limit of \$100,000)	Business Liability each occurrence <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (Medical payments of \$5,000 each person included) Class limitations and exclusions may apply.	Standard Deductible is \$250 (No other deductible available)

OPTIONAL COVERAGES: Please review the below listing of optional coverages available. Then select coverages which are desired by checking the box and filling in the requested coverage amount.

Optional Coverages:	Requested Optional Coverage Amount:
<input type="checkbox"/> Jewelry and Watch Increased Theft Coverage (\$250 Limit)	
<input type="checkbox"/> Money & Securities (On/Off Premises):	<input type="checkbox"/> \$1,000/\$1,000 <input type="checkbox"/> \$2,000/\$1,000 <input type="checkbox"/> \$3,000/\$1,000 <input type="checkbox"/> \$4,000/\$1,000 <input type="checkbox"/> \$5,000/\$2,000 <input type="checkbox"/> \$7,500/\$2,000 <input type="checkbox"/> \$10,000/\$5,000

IDENTITY FRAUD EXPENSE COVERAGE

Identity Fraud Expense Coverage (\$25,000 Limit)

Is there any reason to believe that the business or any of its owners, officers, partners or employees have been a victim of identity theft in the past 5 years? (If "YES", attach a statement regarding the scope of the incident and how it has been resolved.)

YES NO

ADDITIONAL INSURED/LOSS PAYEE INFORMATION

Additional Insured

Loss Payee

- Controlling Interest in this business
- Co-owner of Insured Premises
- Manager or Lessor of Premises
- Lessor of Leased Equipment
- Owner or Lessor of Leased Land
- Grantor of Franchise
- Grantor of License
- State/Political Subdivision (for permits relating to the premises)
- Dispatcher or Referral Service (Blanket Form)
- Dispatcher or Referral Service (Scheduled Form)

Additional Insured Name

Address

City

State & Zip

Loss Payee Name

Address

City

State & Zip

What interest does the additional insured have in the insured's business? (Response is mandatory.)

GENERAL UNDERWRITING INFORMATION:

Please carefully read questions 1 through 16 and respond by checking (X) the appropriate YES or NO box. **If any question 1 through 16 is answered YES or is not answered, you will not be eligible for coverage** and this application should not be submitted to RLI.

1. Is your business property permanently kept anywhere **other** than this residence (residence includes outbuildings within 100 ft) or the second location identified on page 1 of this application?..... YES NO
2. Have you had more than two claims of any type, related to your business operation, in the last three years? YES NO
3. Have you had a single claim, related to your business, for more than \$25,000 in the last three years? YES NO
4. Do you own any business under the same legal name as the "Business Name" shown, which is permanently "operated" from a second location? (Note: Check "NO" if you have a storage location, second home or a partner working from their home. These are acceptable and should be listed as a second location on page 1 of this application.)..... YES NO
5. Do you repackage food or personal care products to be sold under your own label? YES NO
6. Are you involved in the sale or manufacturing of explosives, propellants and/or use of flammable liquids? YES NO
7. Do you install any products, excluding the installation of computer systems, office equipment, key-locking devices, interior window treatments or vinyl signs and lettering? YES NO
8. During the last five years (ten in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?..... YES NO
(In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)
9. Did your gross annual sales/receipts from your business pursuits for the most recent calendar year exceed \$250,000 for sale of merchandise or \$500,000 for a service business?..... YES NO
Total estimated annual revenues\$ _____
Estimated annual revenues from your manufactured products.....\$ _____
10. Do you employ more than ten (10) employees, other than independent contractors or distributors?..... YES NO
11. Is your dwelling located within 1,500 feet from the seacoast on the Gulf of Mexico or the Atlantic Ocean (N/A in RI)? YES NO
12. If you are a teacher/tutor (other than a personal fitness trainer), do you provide instruction for sports, physical education, industrial arts, or martial arts? (Note: Check "NO" if this question is not applicable to your business.)..... YES NO
13. Do you perform any vehicle repair services (other than oil changes, oil filter changes, glass repair, interior detailing or vinyl/leather repair)?..... YES NO
14. Do you perform any of the following?..... YES NO
Body Massage (other than face, scalp or hand); Hair Straightening by other than cold process; Tanning; Microdermabrasion; Acid Peels; Hair Replacement; Hair Removal (by electrolysis, thermolysis, or any process using radio waves); Ear Candling, Tattooing or Permanent Make-up; Ear or Body Piercing; Hydrotherapy/Saunas; or Body Waxing (other than facials).
15. Do you own or operate any other business under this entity that has not already been described on this application?.... YES NO
16. Are you an importer of foreign products?..... YES NO

Question 17 may be answered YES or NO. If **YES** is selected the license, jurisdiction and category section must be completed; once the application is submitted underwriting will review for eligibility.

17. Do you have a contractor's license?..... YES NO

If yes, please provide the following information:

License # _____ Jurisdiction _____ Category _____

2nd LOCATION UNDERWRITING QUESTIONS:

If a second location has been added to page 1 of this application, please complete the following questions. Please note: Risks may store BPP at a second location, but may **not operate** their business from a second location; other than a secondary residence.

Store front locations are not eligible.

1. Do you operate your business from a store front location?..... YES NO
2. Do you rent or own a second residence?..... YES NO
3. Do you have a partner that works directly from their own residence? (Note: If more than two owners you must contact RLI for approval to add an additional location.)..... YES NO
4. Do you rent or own a storage unit (maximum size: 250 sq ft.)?..... YES NO
5. Do you store BPP in an outbuilding located more than 100 ft. away from your residence? (Note: an outbuilding within 100 ft. from your residence does not need to be added as a 2nd location)..... YES NO

GARAGEKEEPERS COVERAGE

Select Limit

As part of your operations, what is the greatest number of vehicles in your care, custody or control at any covered location, at any one time?

One vehicle - may select \$30,000 or \$60,000 limit - please indicate limit:

\$30,000

\$60,000

Two to four vehicles - \$60,000 limit is mandatory

More than four vehicles - not eligible for garagekeepers coverage

Locations for Garagekeepers Coverage

List all locations that you own or lease where you will conduct garage operations and describe the type of operations you will conduct at each location. ---AND--- List all other locations where you have, or will, conduct garage operations on more than 30 days in any 12-month period: Please describe the nature and ownership of this location (e.g., county fairgrounds, John Doe's home, etc.)

Location Number: Street, City, State, ZIP: Describe operations conducted at this location:	Describe ownership and nature of this location:
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Select Coverage Option

Coverage is available for comprehensive and collision causes of loss. Please indicate the desired coverage option:

Legal liability

Direct coverage - primary basis (without regard to legal liability)

Direct coverage - excess over customer's policy (without regard to legal liability)

Comprehensive losses are subject to a \$250 per auto and \$1,000 maximum deductible for any one event.

Collision losses are subject to a \$250 per auto deductible.

OPTIONAL

Do you belong to a trade association, regularly visit a website, or receive a publication related to your Home Business? Please provide name and/or website address.

APPLICANT'S STATEMENT:

IMPORTANT: The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties. (Not applicable in LA, MD, NM, OK, PA, TN, VA, and WA.)

MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

LA, NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison (NM: civil fines and criminal penalties).

OK: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

Date: _____

Applicant's Original Signature: _____

Date: _____

Producer's Signature: _____

Agent's License Number: _____

(Required if the Applicant resides in the state of Florida.)

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT

NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.