



HOME BASED BUSINESS QUESTIONNAIRE

Insured's Name: _____

Business Name: _____

Address: _____

Nature of business: _____

Year business established: _____

Years of experience in related business: _____

Number of Employees _____ Annual Income (\$) _____

Equipment & Tools (\$) _____ Inventory (\$) _____

Annual Advertising Expense (\$) _____

Details of any claims in the last 3 years: _____

Additional creditor(s) not set out in policy: _____

Residential Policy Number: _____ Effective Date of Coverage: _____

Check appropriate boxes

Yes No

- I currently carry Professional Liability Insurance, including errors & omissions coverage Yes No
- Insurer: _____ Policy#: _____ Expiry Date: _____
- I am (or a member of my family residing with me is) the sole owner of the business operation Yes No
- The business operation described hereon is the sole business in which I have an interest Yes No
- My principal residence is the sole location from which I operate and manage my business Yes No
- All the outside doors of my principal residence are equipped with deadbolt locks Yes No
- The premises are protected by means of an alarm system Yes No
- If yes, specify the type.
- connected to a local police station or external monitoring central
- not connected
- My business manufactures or repackages products under its own private label program Yes No
- All the products my business uses or sells are sourced from suppliers within Canada Yes No
- My business sells products to markets outside Canada Yes No
- My principal residence houses one or more tenants who are not members of my immediate family Yes No
- Have you ever previously taken out a business policy with another Insurer? Yes No
- Has any Insurer ever cancelled or refused to renew comparable business coverage? Yes No

Kindly provide details in response to the above questions: _____

I hereby declare the information provided on this questionnaire form to be complete and accurate.

Signature of Insured _____ Date _____