



**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:	<b>FOR TEXAS &amp; NEW JERSEY RESIDENTS ONLY</b>		
LOCATION TWO PROPERTY ADDRESS:	<b>County Name</b>		
INCLUDE A DETAILED BUSINESS DESCRIPTION INCLUDING PRODUCTS AND SERVICES YOU SELL UNDER THIS ENTITY.	<b>Construction (For Texas Only)</b>		
	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry		
	<b>CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER HBP-117:</b>		
	<table border="1" style="width:100%; height: 50px; border-collapse: collapse;"> <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)

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)

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. <b>Must equal 100% of replacement cost.</b> 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.

<b>Optional Coverages:</b>	<b>Requested Optional Coverage Amount:</b>
<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

**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
- 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 17 and respond by checking (X) the appropriate YES or NO box. **If any question 1 through 17 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, locksmith devices or interior window treatments? ..... 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
17. Do you have a contractor's license?..... YES  NO

If yes, please provide the following information:

License # \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Category \_\_\_\_\_

**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.

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**APPLICANT'S STATEMENT:**

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**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.