



[Personal Lines Application]

HOME BASED BUSINESS QUESTIONNAIRE



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HOME BASED BUSINESS QUESTIONNAIRE

If New Business, this questionnaire must accompany an appropriate Personal Lines Application

PART 1 GENERAL INFORMATION

Broker:	Contact Person:	Tel:
<hr/>		
Name of Applicant:		
<hr/>		
Mailing Address:	Postal Code:	
<hr/>		
Website Address:	Tel:	
<hr/>		
Operating Name of Business:		
<hr/>		
Description of Activities:		
<div style="border: 1px solid black; height: 30px;"></div>		
Annual Gross Sales Receipts: \$	Number of Employees:	Years in Business:
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PART 2 COMPANY INFORMATION

The business is operated from the insured's home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
The home is occupied by the insured as their principal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
The insured and/or spouse are the sole owners/proprietors of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Are any products or services sold outside of Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Do you repackage products and sell under your own label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Any computer consulting, software programming/development or web design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Any manufacturing, distribution, sales or use of hazard products or materials? (Including but not limited to - deep fat frying, tanning beds, furniture refinishing, upholstery, woodworking, welding, or regular use of flammable or polluting agents)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
In the Business operated from a self-contained suite or outbuilding on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
If "Yes" to above, please describe:	
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PART 3 DAYCARE OPERATIONS

Is the insured Licensed to operate a daycare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
If "Yes" to above, # of children licensed for:	# of children in the insured's care, incl insured's children under 12 years of age:
<hr/>	
Is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe (height, type):
<hr/>	
Is there a trampoline on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe below (precautions taken)
<div style="border: 1px solid black; height: 30px;"></div>	
Is there a pool on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", please describe below (type, enclosed, gate):
<div style="border: 1px solid black; height: 30px;"></div>	

Are there any animals on the premises? Yes No If "Yes", please describe below (type, number, contact with children):

PART 4 LOSS HISTORY

Check here if there were NO LOSSES IN THE PAST 5 YEARS under any coverage line applied for herein, otherwise DETAIL ALL LOSSES below:

TYPE OF LOSS	DATE OF LOSS	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	DEDUCTIBLE PAID BY INSURED

Has the insured ever been cancelled, refused, or declined coverage? Yes No

Please attach any available insurance company loss reports with this application

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the Applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An Applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____

BROKER DECLARATION

How long have you known this Applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the Applicant's operations? _____

What is the condition of facilities and equipment? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this Applicant? _____

Broker's Signature: _____ Position: _____

Please print name: _____ Date: _____