



**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, SEE PAGE 3 FOR 2nd LOCATION UNDERWRITING QUESTIONS:	<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>

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. <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

**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.)

<b>Location Number:</b> <b>Street, City, State, ZIP:</b> <b>Describe operations conducted at this location:</b>	<b>Describe ownership and nature of this location:</b>
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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.



# NOTICE

## OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### SELECTION OR REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

- I hereby elect to purchase coverage for certified acts of terrorism for the premium of \$ \_\_\_\_\_ or \_\_\_\_% of the total policy premium. (Choose applicable amount.)
- I hereby reject this Offer Of Federal Terrorism Insurance Coverage. I understand that by making this election, an exclusion for terrorism losses, as allowed by law, will be made a part of this insurance policy.

**(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. The premium attributable to any such required state coverage is 60% of the federal terrorism premium, which amount is part of and not in addition to the overall property premium charged for this insurance policy.)**

\_\_\_\_\_  
Applicant/First Named Insured Signature or  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
RLI Insurance Company  
Insurance Company