



In-Home Business Endorsement Application

Applicant's Name and Address: \_\_\_\_\_

Homeowners Policy Number: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Primary Classification: Office \_\_\_\_\_ Service \_\_\_\_\_ Sales \_\_\_\_\_ Crafts \_\_\_\_\_

Business Organized as: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture \_\_\_\_\_

Annual Receipts: \_\_\_\_\_ Business Personal Property Limit: \_\_\_\_\_

Square Footage of the Business: In the Home \_\_\_\_\_ In any Other Structure \_\_\_\_\_

Limit of Liability for the Other Structure (if applicable): \_\_\_\_\_

Description of Other Structure (if applicable): \_\_\_\_\_

Number of Employees \_\_\_\_\_ Approximate Number of Customers per Week \_\_\_\_\_
(Include owner, co-owner, etc.)

Any Home Business losses within the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_
Date \_\_\_\_\_ Description \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Loss Payee Name (if applicable): \_\_\_\_\_
Address: \_\_\_\_\_

Type of Lease: Loss Payable: \_\_\_\_\_ Lender's Loss Payable: \_\_\_\_\_ Contract of Sale: \_\_\_\_\_

Description of Leased Property: \_\_\_\_\_

Do you wish to purchase the Deletion of Aggregate Limits Endorsement: Yes \_\_\_\_\_ No \_\_\_\_\_

Note: This endorsement applies to MA only. Pricing may be found in your Personal Lines Agents' Guide.)

Comments: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

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