

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

In-Home Business Policy Application

RLI Insurance Company
Peoria, Illinois

Agency Name _____
 Address _____
 City _____ State _____ Zip _____
 RLI 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: _____ | | FOR TEXAS & NEW JERSEY RESIDENTS ONLY County Name _____ Construction (For Texas Only) <input type="checkbox"/> Frame <input type="checkbox"/> Masonry CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER IBP-117: _____ |
| MAILING ADDRESS: _____ | | |
| PROPERTY ADDRESS, if different from mailing address: _____ | | |
| INCLUDE A BRIEF DESCRIPTION OF YOUR BUSINESS OPERATIONS. _____ | | |
| PLEASE CHECK WHICH BOX IS APPLICABLE TO THE NAMED INSURED: | | |
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP/JOINT VENTURE <input type="checkbox"/> CORPORATION | | |

LIMITS/COVERAGE REQUESTED

| Property (No Building Coverage) | General Liability | Deductible |
|---|--|--|
| Business Personal Property (BPP) on premises and while temporarily off premises. Must equal 100% of replacement cost. BPP Coverage Limit Requested \$ _____ (minimum limit \$5,000; maximum limit of \$50,000) | 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) | Standard Deductible is \$100 (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.

| Optional Coverages: | Requested Optional Coverage Amount: |
|---|--|
| <input type="checkbox"/> Electronic Data Processing Equipment, Data & Media: (EDP coverage) | \$ _____ (Maximum limit of \$25,000. The sublimit for off-premises EDP coverage is \$5,000. No other policy limit may be added to this sublimit.) |
| <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

| | |
|---|--|
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Controlling Interest in this business <input type="checkbox"/> Co-owner of Insured Premises <input type="checkbox"/> Manager or Lessor of Premises <input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> Owner or Lessor of Leased Land <input type="checkbox"/> Grantor of Franchise <input type="checkbox"/> State/Political Subdivision (for permits relating to the premises) | <input type="checkbox"/> Loss Payee 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 for Controlling Interest and Grantor of Franchise.)

GENERAL UNDERWRITING INFORMATION:

Please carefully read questions 1 through 12 and respond by checking (✓) the appropriate YES or NO box. **If any question 1 through 12 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 based in an area other than your residence (residence includes outbuildings within 100 feet)? **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? **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, security devices or interior window treatments? **YES** **NO**
8. Is your business operated by someone other than yourself and/or another immediate family member who resides in your household? **YES** **NO**
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**
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 ? **YES** **NO**
12. If you are a teacher or tutor (rather than a personal fitness trainer), do you provide instruction for sports, physical education, industrial arts, or martial arts? **YES** **NO**

OPTIONAL

Do you belong to a trade association, regularly visit a website, or receive a publication related to your In-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.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

Date _____ Applicant's Original Signature _____

Date _____ Producer's Signature _____

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NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.