

Questionnaire Selection Coverage List

IN-HOME BUSINESS

Is the business at the primary residence operated on a full-time basis? ___ Yes ___ No

Are there other separate business locations? ___ Yes ___ No

Business name: _____

Describe the business.

What is the form of ownership?

___ Proprietorship ___ Partnership ___ Joint Venture ___ Limited Liability Corporation ___ Other

Describe other:

List the household member(s) who own the business:

Name	Age	% Owned

Do individuals who do not reside on the premises own any part of the business? ___ Yes ___ No

If yes, identify them and describe their relationship to the other owners and how they are involved with the business.

Name	Relationship	Involvement

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List household members(s) the business employs.

Name	Age

Does the business employ individuals other than household members?

If yes, describe their relationship to the owners and the job(s) they perform.

Name	Relationship	Job(s) performed

When did the business begin? _____

If the applicant sells products, what are the gross annual sales? \$ _____

If the applicant provides services, what are the gross annual receipts? \$ _____

What is the business personal property's actual cash value? \$ _____

Describe the business personal property.

What is the maximum actual cash value of property of others on the premises? \$ _____

Describe the property of others that could be on the premises.

What is the square foot area of the business operation? _____

If the business is retail (other than crafts and food), answer the following:

Is the product distributed under the applicant's own private label? ___Yes ___No

The inventory is stored in (check all that apply):

<input type="checkbox"/> Residence	<input type="checkbox"/> Attached garage
<input type="checkbox"/> Other structure(s) on premises	<input type="checkbox"/> Other structure(s) off premises

The customer receives the product by:

<input type="checkbox"/> Mail/UPS	<input type="checkbox"/> Customer pickup	<input type="checkbox"/> Owner delivery
<input type="checkbox"/> Contract delivery	<input type="checkbox"/> Other	

Describe other:

Does the applicant sell the product at fairs, flea markets, or similar events? ___Yes ___ No

Do customers come to the applicant's residence to purchase the product? ___Yes ___ No

If the business is service, answer the following:

Does the work involve: ___Installation ___ Consultation ___ Instruction

Does the applicant travel to jobsites? ___ Yes ___ No

If yes, describe the vehicles used.

Unit Number	Vehicle description

Does the applicant have a professional liability exposure? ___Yes ___No

If the business is crafts, answer the following:

Does the applicant sell the product at fairs, flea markets, or similar events? ___Yes ___ No

The customer receives the product by:

<input type="checkbox"/> Mail/UPS	<input type="checkbox"/> Customer pickup	<input type="checkbox"/> Owner delivery
<input type="checkbox"/> Contract delivery	<input type="checkbox"/> Other	

Describe other:

If the business is food-related, answer the following:

Is food prepared on the premises? Yes No

Is food prepared under a private label? Yes No

Is food served off premises? Yes No

Does the applicant provide delivery service? Yes No

If yes, describe the vehicles used.

Unit Number	Vehicle description

If the business is an office, answer the following:

Is the applicant a telecommuter for another business? Yes No

Does the applicant have a professional liability exposure? Yes No

Does the applicant have access to confidential information? Yes No

Do clients come to the residence to conduct business? Yes No