PART OF THE RSA GROUP

Business in the Home – Extension Questionnaire

Insured:		Broker:	
Location of Business:		Existing Policy No:	
1.	Amount of Coverage Requested:		
	Business Property: ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000	Liability Limit	☐ $1,000,000 ☐ $2,000,000
2.	Name of Business:		
3.	Description of Business: *(Please provide a **full** description of the business including all business operations performed by the insured).*		
4.	Please note the business website (including links to social networking sites) here:		
5.	Is the insured the sole owner of the business? Yes ☐ No ☐ If no, please note the additional owners' name(s) below:		
6.	A) Does insured operate any other business under the same name? Yes ☐ No ☐		
	B) Under a different name? Yes ☐ No ☐		
7.	Do any clients visit the dwelling? Yes ☐ No ☐ If yes, how many (per week?)		
8.	A) What percentage of the dwelling is used for the business? (e.g., 10 %)		
	B) Are any outbuildings on the premises used for the business? Yes ☐ No ☐		
	C) If yes, what is the precise use of the outbuilding? (e.g., storage)		
	D) Is the home the only location from which the business is operated? Yes ☐ No ☐		
	E) If not, does the insured rent any additional locations, such as an office, studio, or storage facility? Yes ☐ No ☐		
	F) Describe business operations performed away from the dwelling (if any):		
9.	A) Does the business operation include any alteration, repackaging or re-labeling of products? Yes ☐ No ☐ If yes, describe:		
	B) Are any products or services sold outside of Canada? Yes ☐ No ☐ If yes, describe:		
	C) Any products or services sold over the Internet? Yes ☐ No ☐ If yes, describe:		
10.	A) Current annual gross revenue from the business operation:		
	B) Estimated annual gross revenue for next 12 months:		
11.	Number of full/part–time employees (excluding family members living in the household):		
12.	A) Any losses relating to the business in the past 5 years, regardless if a claim was reported or not? Yes ☐ No ☐		
	B) If yes, please provide details:		
13.	A) Has this business ever been insured before? Yes ☐ No ☐		
	B) If yes, please note previous Insurer:	Policy No:	
Broker Signature:		Date:	

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