

Canadian Home Business Endorsement Application

BROKER NAME	
BROKER CODE	POLICY NUMBER
POLICY PERIOD	
FROM _____ TO _____ at 12:01 A.M. standard time at the address of the insured as stated herein	
Customer I.D. Number _____	
Name of Applicant _____	
Street or Route and Box No. _____	
City, Province and Postal Code _____	
Loss Payee Name and Address _____	

ENDORSEMENT INFORMATION	
Business name and description to which this endorsement is attached.	PREMIUM
On-Premises business property coverage <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$50,000	
Off-Premises business property coverage <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
Liability coverage <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000	
<i>The liability limit will follow that of the policy to which this Endorsement is attached.</i>	
TOTAL THE APPLICABLE PREMIUM FOR ON-PREMISES BUSINESS PROPERTY, OFF-PREMISES BUSINESS PROPERTY AND LIABILITY SUB-TOTAL	
Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 * <input type="checkbox"/> \$10,000 * * Where available	
<i>The deductible will follow that of the policy to which this Endorsement is attached. Apply the deductible discount, if applicable, to the sub-total above.</i>	
ESTIMATED TOTAL ENDORSEMENT PREMIUM	

LOSS HISTORY INFORMATION		
State all losses or claims in the past 5 years:		
DATE (YY/MM/DD)	CAUSE	AMOUNT
Has any insurer cancelled, declined, or refused to renew or issue habitational insurance, including insurance related to the applicant's business operation, within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe		
Previous Insurer:	Policy Number:	Expiry Date (YY/MM/DD):

HOME BUSINESS INFORMATION	
How many years of related business experience does the applicant have?	
How long has the applicant operated a business out of their residence?	
Occupation classification:	
Describe the nature of all business operations or services:	
Describe the type of products sold:	
Gross annual sales / receipts:	Annual advertising expense:
Value of equipment and tools:	Value of stock:
Is the residence premises protected by an alarm system? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business premises protected by an alarm system? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

A COMPLETED APPLICATION WITH SIGNATURE MUST BE SENT TO THE COMPANY, PLEASE CONTINUE OVERLEAF.

ELIGIBILITY

If the answer to any of the following questions is "YES", do not BIND or QUOTE:

- (1) Does the business operate from any premises other than the premises we insure under the policy to which this Endorsement is attached? Yes No
- (2) Is the owner/operator of this business anyone other than the Named Insured(s) of the policy to which this Endorsement is attached? Yes No
- (3) Other than the business operation described above, does the applicant own or operate any other business in the same name? Yes No
- (4) Are there more than two (2) non-resident employees involved in the business operation? Yes No
- (5) Are any products used or sold outside of Canada? Yes No
- (6) Are any products repackaged and sold under a label owned by the business? Yes No
- (7) Is the business operation involved in the manufacturing, distribution, sales or use of any hazardous materials or products? Yes No
- (8) Is the business operation involved in deep fat frying, furniture refinishing, upholstering, woodworking, or the regular use of flammable liquids? Yes No

REMARKS

CONSENT AND DISCLOSURE

Where (a) the Applicant(s) for this contract gives false particulars to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Applicant(s) contravenes a term of the contract or commits a fraud; or (c) the Applicant(s) wilfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicant(s) have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Signature of Applicant(s)	Date (YY/MM/DD)
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DOES THE APPLICANT(S) HAVE OTHER INSURANCE WITH THE DOMINION OF CANADA GENERAL INSURANCE COMPANY? YES NO

If yes, list the policy numbers:

BROKER QUESTIONNAIRE

Is this business new to your office? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you known the applicant(s)?
Have you seen this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when (YY/MM/DD):
Signature of Broker	Date (YY/MM/DD)