

ELIGIBILITY – Before starting this application, please complete the Eligibility Checklist on the reverse.

Applicant's full name and postal address:

Broker name:

Payment Plan:

- Broker bill
 Econopay (attach authorization)
 Company Bill (Home Run only)

Postal code:

Broker code:

All times are Standard Time at the applicant's postal address stated herein.

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| Effective date | | | Expiry date | | | Location of insured premises: <input type="checkbox"/> Same as above or: <input type="text"/> |
| Day | Month | Year | Day | Month | Year | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Postal Code: <input type="text"/> |

Loss, if any, payable to: Named Insured and/or to:

Occupied by the applicant as:
(specify the types of businesses and describe all related activity)

If business is conducted from detached building on premises, describe and attach photo:

Construction: Year built:
Heating:

CLAIMS IN THE LAST 3 YEARS: None OR As per list below

| Date of loss (d/m/y) | Cause of loss | Amount |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

RISK FEATURES:

| | |
|--|---|
| Number of employees: <input type="text"/> | If tutor or music/art teacher, indicate number of students: <input type="text"/> |
| Annual gross receipts: \$ <input type="text"/> (if new venture, estimate receipts) | Occupancy - home business: <input type="text"/> |
| State year business started: <input type="text"/> | No. of rooms used: <input type="text"/> |
| For Bed&Breakfast, number of bedrooms: <input type="text"/> | Area used: <input type="text"/> |
| Percentage from off premises service, installation, repair or delivery: <input type="text"/> % | Indicate extent of client visits to premises: <input type="checkbox"/> Not at all <input type="checkbox"/> Occasionally to pickup/drop off goods only <input type="checkbox"/> Often to buy goods and/or services <input type="checkbox"/> Remain on the premises for duration of business activity |
| Describe off premises operations: <input type="text"/> | If sales, describe type of product sold: <input type="text"/> |
| | If crafts are made, describe products: <input type="text"/> |

PREMIUM CALCULATOR:

Home Run Option 1 Option 2 Home Run Premium Premium \$

NAME OF PREVIOUS INSURER:

Name: Policy no: Expiry date (d/m/y):
Has any insurer cancelled, declined, or refused to renew or issue any commercial insurance to the applicant within the past 5 years? Yes No
If yes, provide details:

OTHER ECONOMICAL GROUP POLICIES:

Property: Automobile:

NAME OF E&O INSURER:

Name: Policy no: Expiry date (d/m/y):

SIGNATURES:

Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof. All provisions contained in the various forms issued under

this contract shall be deemed to be contained in the present application for insurance. The answers in all parts of this application are correct to the best of my knowledge and belief.

Date: Signature of applicant: Signature of broker:

Please note any comments or additional information on separate pages and attach to this application.

ELIGIBILITY:

General Eligibility

Please complete in all cases. If the answer to any of the following questions is yes, then the risk is not eligible for Home Run.

- | | No | Yes |
|---|--------------------------|--------------------------|
| 1. Has the business had any losses in the past three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the business had financial difficulty in the past three (3) years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do annual receipts from finishing, altering, servicing or installation exceed 25% of annual sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you operate more businesses than the business described on the application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the business have more than the home location other than a storage location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the insured live at a location other than the insured premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you sell or repackage products under your own label? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the business do any automobile repairs, maintenance or safety checks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any on premises deep fat frying or food delivery service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your business serve liquor to your clients? | <input type="checkbox"/> | <input type="checkbox"/> |

Please refer ineligible risks to Economical for consideration as a regular business account. After completing the General Eligibility Checklist, please also complete the specific Home Run Eligibility Checklist below.

Home Run Eligibility

Please complete in all cases. If the answer to any of the following questions is yes, then the risk is not eligible for Home Run.

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Do commercial contents values exceed \$25,000 at the home-based business location? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are gross sales over \$250,000 annually? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the business employ more than two (2) non-resident employees in total? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any foreign sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you manufacture any products (other than ceramic household products, picture frames, crafts or food products)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you operate as a consultant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you operate as a tutor, music teacher or art teacher with more than ten (10) students? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you operate a bed and breakfast with more than two (2) bedrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you sell or repackage products under your own label? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your business use more than two (2) stationary woodworking machines? | <input type="checkbox"/> | <input type="checkbox"/> |

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