



Application for Home Based Business Extension

Intact Insurance Company

Effective Date (dd/mm/yy):	<input type="checkbox"/> Renewal <input type="checkbox"/> New	Policy Number:
Broker Name:		Broker Code:

Application Information

Applicant's Name:

Mailing Address:

Same as Policy

Legal Address, if different from mailing address:

Description of business to be insured:

Class I – Offices and Office Services Class II – Sales Class III – Crafts and Office Services

Please check which box indicates the type of business ownership for the applicant:

Individual Partnership

Note: Corporations are not eligible

Number of years in this business:

Limits / Coverage Requested

Property (No building coverage)	Premium
Business Property On Premises (must equal 100% of replacement value) Limit: (minimum limit \$10,000, maximum limit \$50,000) \$	\$
Business Property Off Premises <input type="checkbox"/> \$2,500 (included in premium) <input type="checkbox"/> \$5,000 – charge \$50.	\$
Liability Extended from principal residence (the limit must be the same as for the principal residence)	\$
Total Premium	\$

General Underwriting Information

1. Is your business operated by someone other than yourself and/or another immediate family member who resides in your household? Yes No
2. Is this the only location from which you operate your business? Yes No
3. Is the business described on this application the only business you operate? Yes No
4. Do you sell or re-package products under your own label? Yes No
5. Are all the products you sell obtained from Canadian suppliers? Yes No
6. Do you sell products or provide services to markets outside of Canada? Yes No
7. Are there any tenants residing with the applicant? Yes No
8. What is the gross revenue generated by your business for the most recent calendar year? \$
9. How many people do you employ, other than independent contractors or distributors?
10. If you are a sales representative, what is the name of the manufacturer of the product you sell?
11. If you tutor or provide home instruction, how many students per week do you teach?
12. Previous Insurer and Policy Number:
Were you previously cancelled, declined coverage or non renewed in the past 3 years? Yes No
13. State all losses related to your business in the past 5 years:

Date (dd/mm/yy)	Cause	Amount

Comments

Applicant's Statement

Consumer and previous insurers' reports containing personal, factual or investigative information about the applicant may be sought and used in connection with an insurance company's assessment of this application for insurance or a renewal, extension or variation thereof. The answers above are correct to the best of my knowledge and belief.

I have provided personal information in this document and by other means 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, renewals, changes of coverage, 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

Date

Signature of Broker

Date