ACORD™ RESIDENCE BASED BUSINESS
SUPPLEMENT TO PERSONAL PROPERTY APPLICATIONS

DATE (MM/DD/YYYY)

PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)
PHONE (A/C, No, Ext):	
FAX (A/C, No):	
	DBA:
	E-MAIL ADDRESS:
CODE: SUBCODE:	COMPANY / ACCOUNT NUMBER
AGENCY CUSTOMER ID	POLICY NUMBER / EFFECTIVE DATE / EXPIRATION DATE

APPLICANT INFORMATION

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION	☐ LIMITED CORPORATION ☐ JOINT VENTURE ☐ OTHER	CODE	SIC	FEDERAL ID #	CONTACT FOR INSPECTION	PHONE (A/C, No, Ext):	

NATURE OF BUSINESS

☐ OFFICE ☐ SERVICE	☐ RETAIL ☐ WHOLESALE	☐ CRAFTS	YRS IN BUS	CLASS CODE	LIST NAMES OF OWNERS/OPERATORS	
# OF EMPLOYEES FULL TIME / PART TIME	HOURS OF OPERATION		SQ FT USED	ANNUAL SALES/RECEIPTS	TOTAL PAYROLL	
				$	$	

DESCRIPTION OF BUSINESS

PROPERTY COVERAGES

COVERAGE	PERSONAL PROPERTY LIMITS W/O BUSINESS PROPERTY	PERSONAL PROPERTY LIMITS WITH BUSINESS PROPERTY	BUSINESS RELATED STRUCTURE		
LIMITS	$	$	$		
VALUATION	$	$	$		

LIABILITY COVERAGES (Choose the limit options compatible with the program you are requesting)

COMBINED SINGLE LIMIT	$		$	HIRED AUTO	$
BODILY INJURY & PROP DAMAGE	OCCURRENCE $	PRODUCTS/ COMPL. OPERATIONS	OCCURRENCE $	NON-OWNED AUTO	$
	AGGREGATE $		AGGREGATE $	EMPLOYEE BENEFITS	$
MEDICAL EXPENSE (PER PERSON)	$		$		$
DAMAGE TO RENTED PREMISES	$		$		$

DEDUCTIBLE $ _____% APPLICABLE TO:

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. ANY BUSINESS CONDUCTED AT ANY OTHER LOCATION?	☐	☐	8. ANY PRODUCTS DIRECTLY IMPORTED OR EXPORTED OUTSIDE THE U.S., PUERTO RICO OR CANADA?		
2. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	☐	☐	9. ANY PRODUCTS REPACKAGED, MODIFIED OR MIXED?	☐	☐
3. ANY WORKERS COMPENSATION CARRIED?	☐	☐	10. ANY USED ITEMS SOLD?	☐	☐
4. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	☐	☐	11. IF THE BUSINESS IS AN OFFICE, THE NUMBER OF VISITORS PER WEEK IS: UNDER 10 ☐ 10 OR MORE ☐		
5. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	☐		12. DO YOU DISTRIBUTE YOUR PRODUCTS OR SERVICES BY MEANS OF THE INTERNET?	☐	
6. DOES THE BUSINESS INVOLVE THE USE OR STORAGE OF PETROLEUM-BASED PRODUCTS, PAINT, FERTILIZER, PESTICIDES OR OTHER HAZARDOUS MATERIAL OR POLLUTANTS?	☐	☐	13. DOES YOUR COMPANY MAINTAIN OR SUPPORT AN INTERNET WEBSITE?	☐	☐
7. HAS ANY APPLICANT FILED FOR BANKRUPTCY (BUSINESS OR PERSONAL) IN THE LAST FIVE YEARS?			14. DOES THE BUSINESS INVOLVE DEMONSTRATION OF ANY PRODUCTS?	☐	☐

PRIOR POLICY(IES)/BUSINESS LOSS HISTORY ☐ See attached loss summary

PREVIOUS CARRIER	POLICY NUMBER	TOTAL PREMIUM	EXP DATE	# BUSINESS LOSSES LAST 3 YEARS	TOTAL LOSSES
					$

DESCRIPTION OF BUSINESS LOSSES, WHETHER OR NOT INSURED (Date, cause, amt paid, claim status). USE ADDITIONAL SHEET IF NECESSARY.

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS / REFERENCE #: / CERTIFICATE REQUIRED	REMARKS
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ LIENHOLDER ☐ EMPLOYEE AS LESSOR	ITEM DESCRIPTION:	

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