



**Allied
Insurance**

a member of Nationwide Insurance

**Home Business
Supplemental Questionnaire**

NOTE: This Supplemental Questionnaire must be attached and submitted with the Homeowners Application.

APPLICANT: _____

Is this questionnaire for:

- New Business?
 Renewal Business?
 If "renewal" give current policy number: _____

MAILING ADDRESS: _____

GENERAL INFORMATION REGARDING THE HOME BUSINESS

1. Describe the business being operated from the applicant's home: _____

2. List the full, legal name of the business and check the appropriate box: _____
 Corporation Sole Proprietorship Partnership Limited Liability Corporation Other _____

3. How long has the applicant owned this business? _____ Has the applicant had any previous business ventures?
 Yes No; If "yes", describe these ventures: _____

4. Are there any other business activities not described in this questionnaire? Yes No; If "yes", describe in detail: _____

5. Does the applicant carry Professional Liability or Errors or Omissions Liability Coverage? Yes No; If "yes", state the limits, carrier, and expiration date: _____

6. Does the applicant store, service, repair or perform any processing at the residence premises on products belonging to others?
 Yes No; If "yes", describe: _____

7. Is there any processing, packaging or assembly done in conjunction with the products of this business? Yes No; If "yes", describe: _____

8. State the number of full-time and part-time employees, including the applicant and any family members active in the business:
 _____ full-time; _____ part-time. Describe the duties of all employees: _____

9. What are the estimated annual receipts for this business? _____

10. What were the annual receipts for the prior three years?	Years	Receipts
	_____	_____
	_____	_____
	_____	_____

11. Are there any autos used in this business? Yes No; If "yes", describe each:

Auto	How used	Annual Bus. Miles	Titled To
_____	_____	_____	_____
_____	_____	_____	_____

12. Do any employees use their own vehicles in the business? Yes No; If "yes", describe: _____

OPTIONAL COVERAGES

1. A separate application for either Personal or Business Auto Coverage is attached. Yes No
2. A separate application for Workers Compensation/Employers Liability Coverage is attached. Yes No
3. A separate application for excess Liability Coverage is attached. Yes No
4. If the business is one of the types listed below and Professional Liability or Errors and Omissions Liability coverage is desired, check the appropriate box and complete the applicable information. NOTE: Professional Liability or Errors and Omissions Liability coverage is excluded by the Home Business Endorsement for all types of business. For an additional premium, however, optional Professional Liability or Errors and Omissions Liability coverage is available for the following types of business.
 - Barbers and Beauticians Professional Liability
 - a. Does the applicant offer to pierce any body part other than the ears? Yes No
 - b. Is there a tanning booth/bed on the premises? Yes No
 - c. Are any barber/beauty chairs rented to others? Yes No
If "yes", how many? _____
 - d. Describe any services or procedures offered other than the typical hair related services. _____

Rating information

Class	No. Persons		Rate		Premium
Full time Barbers		X		=	
Part time Barbers		X		=	
Full time Beauticians		X		=	
Part time Beauticians		X		=	
Manicurists/Pedicurists		X		=	
			Total Premium*		

- Florists Errors and Omissions Liability
- 5. Check box and insert amount of coverage desired or other information as required.

Employee Dishonesty	\$ _____	<input type="checkbox"/> Hired and Non Owned Auto Liability
Outside Signs	\$ _____	<input type="checkbox"/> Additional Insured: _____
Accounts Receivable	\$ _____	Address: _____
Valuable Papers and Records	\$ _____	Interest: _____
Credit Card Sales Slips	\$ _____	<input type="checkbox"/> Additional Insured: _____
Florists Equipment Floater	\$ _____	Address: _____
Refrigeration Failure	\$ _____	Interest: _____
EDP Floater	\$ _____	<input type="checkbox"/> Additional Insured: _____
Other _____	\$ _____	Address: _____
Other _____	\$ _____	Interest: _____
Other _____	\$ _____	<input type="checkbox"/> Home Enterprise Floater - attach schedule
		<input type="checkbox"/> Scheduled Property Floater - attach schedule

COMMENTS (Include any additional information which may assist the underwriter in evaluating the application.)

SIGNATURES/DATES

Signature of Agent	Signature of Applicant		
Date	Is coverage bound? Yes No	Date	Date