

HOME BASED BUSINESS  
QUESTIONNAIRE

1. Is insured owner or tenant? \_\_\_\_\_
2. Is the business incidental to the residence occupancy? \_\_\_\_\_
3. Does the insured reside in the residence on premise? \_\_\_\_\_
4. What is the value of the business personal property? \_\_\_\_\_
5. What are the gross receipts of the business? \_\_\_\_\_
6. What is the legal name of the business? \_\_\_\_\_
7. Is the business conducted at any location other than the residence? \_\_\_\_\_  
If so, where? \_\_\_\_\_
8. Are there any employees? \_\_\_\_\_ Number \_\_\_\_\_
9. Are any products produced? \_\_\_\_\_
10. Does the insured have accounts receivable? \_\_\_\_\_ Value \_\_\_\_\_
11. Does the insured have business personal property away from the insured premises?  
\_\_\_\_\_ If so, value. \_\_\_\_\_
12. Does the insured use any autos in the business? \_\_\_\_\_  
Are these autos, owned, non-owned or hired? \_\_\_\_\_
13. How long has the insured been in business? \_\_\_\_\_
14. What is the loss history in the past 5 years? \_\_\_\_\_
15. Has the insured been canceled or non renewed by the prior carrier? \_\_\_\_\_