



In Home Business Supplemental Questionnaire

(to be used in conjunction with a Scottsdale Insurance Company or an Accord Homeowner Application)

- 1. Insured Name:
2. Policy Number (if applicable):
3. Type of Business/Description of Operations:
4. Name of Business:
5. Form of Business: Individual, Joint Venture, Partnership, Corporation, Other
6. Business Location:
7. Years in Business:
8. Loss History (past 5 years):
9. Prior Carrier:
10. Estimated Annual Sales/Receipts: Current Year, Prior Years
11. Number of Employees: Full-Time, Part-Time
12. Total Floor Space used for the Business Operation:
13. Who Operates the Business? Do they live in the Household?
14. Do you operate any other business or any other part of this business at a different location?
15. Do you import foreign products or parts for your product?
16. Do you package or repackage any food or personal care products?
17. What is the estimated largest value of any single item of merchandise you sell?
18. Do you Install any products?
19. Loss Payee name and type as related to the business operation:
20. Business Personal Property Amount: Actual Cash Value, Replacement Cost

21. General Liability—Limits of Liability: \$ _____ per Occurrence (must be the same as the basic Homeowners).

\$ _____ Aggregate

22. Medical Payments—Limits of Liability \$ _____ Each Person

\$ _____ Aggregate

This questionnaire does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.