

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

MN Insurance Group, Inc.
Agency Name
1589 Highway 7, #208
Address
Hopkins MN 55305
City State Zip
38100
RLI Agent Number

In-Home Business Policy Application

RLI Insurance Company
Peoria, Illinois

Desired Effective Date: _____ Premium \$ _____

APPLICANT INFORMATION — Please answer each question completely.

NAMED INSURED (if a partnership, please provide all individual's names): _____ PHONE: () - _____

BUSINESS NAME:	FOR TEXAS & NEW JERSEY RESIDENTS ONLY
MAILING ADDRESS:	
PROPERTY ADDRESS, if different from mailing address:	County Name
INCLUDE A BRIEF DESCRIPTION OF YOUR BUSINESS OPERATIONS.	Construction (For Texas Only) <input type="checkbox"/> Frame <input type="checkbox"/> Masonry
	CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER IBP 117:
PLEASE CHECK WHICH BOX IS APPLICABLE TO THE NAMED INSURED: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP/JOINT VENTURE <input type="checkbox"/> CORPORATION	

LIMITS/COVERAGE REQUESTED

Property (No Building Coverage)	General Liability	Deductible
Business Personal Property (BPP) on premises and while temporarily off premises. Must equal 100% of replacement cost. BPP Coverage Limit Requested \$ _____ (minimum limit \$5,000; maximum limit of \$50,000)	Business Liability each occurrence <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 (Medical payments of \$5,000 each person included)	Standard Deductible is \$100 (No other deductible available)

OPTIONAL COVERAGES: Please review the below listing of optional coverages available. Then select coverages which are desired by checking the box and filling in the requested coverage amount.

Optional Coverages:	Requested Optional Coverage Amount:
<input type="checkbox"/> Electronic Data Processing Equipment, Data & Media: (EDP coverage)	\$ _____ (Maximum limit of \$25,000. The sublimit for off-premises EDP coverage is \$5,000. No other policy limit may be added to this sublimit.)
<input type="checkbox"/> Money & Securities (On/Off Premises):	<input type="checkbox"/> \$1,000/\$1,000 <input type="checkbox"/> \$2,000/\$1,000 <input type="checkbox"/> \$3,000/\$1,000 <input type="checkbox"/> \$4,000/\$1,000 <input type="checkbox"/> \$5,000/\$2,000 <input type="checkbox"/> \$7,500/\$2,000 <input type="checkbox"/> \$10,000/\$5,000

ADDITIONAL INSURED/LOSS PAYEE INFORMATION

<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Loss Payee	Additional Insured Name
<input type="checkbox"/> Controlling Interest in this business		Address
<input type="checkbox"/> Co-owner of Insured Premises		City
<input type="checkbox"/> Manager or Lessor of Premises		State & Zip
<input type="checkbox"/> Lessor of Leased Equipment		Loss Payee Name
<input type="checkbox"/> Owner or Lessor of Leased Land		Address
<input type="checkbox"/> Grantor of Franchise		City
<input type="checkbox"/> State/Political Subdivision (for permits relating to the premises)		State & Zip

What interest does the additional insured have in the insured's business? (Response is mandatory for Controlling Interest and Grantor of Franchise.)

GENERAL UNDERWRITING INFORMATION:

Please carefully read questions 1 through 12 and respond by checking (✓) the appropriate YES or NO box. If any question 1 through 12 is answered YES or is not answered, you will not be eligible for coverage and this application should not be submitted to RLI.

1. Is your business based in an area other than your residence (residence includes outbuildings within 100 feet)? YES NO
2. Have you had more than two claims of any type, related to your business operation, in the last three years? YES NO
3. Have you had a single claim, related to your business, for more than \$25,000 in the last three years? YES NO
4. Do you own any business under the same legal name as the "Business Name" shown, which is permanently operated from a second location? YES NO
5. Do you repackage food or personal care products to be sold under your own label? YES NO
6. Are you involved in the sale or manufacturing of explosives, propellants and/or use of flammable liquids? YES NO
7. Do you install any products, excluding the installation of computer systems, office equipment, security devices or interior window treatments? YES NO
8. Is your business operated by someone other than yourself and/or another immediate family member who resides in your household? YES NO
9. Did your gross annual sales/receipts from your business pursuits for the most recent calendar year exceed \$250,000 for sale of merchandise or \$500,000 for a service business? YES NO
10. Do you employ more than ten (10) employees, other than independent contractors or distributors? YES NO
11. Is your dwelling located within 1,500 feet from the seacoast on the Gulf of Mexico or the Atlantic Ocean? YES NO
12. If you are a teacher or tutor (rather than a personal fitness trainer), do you provide instruction for sports, physical education, industrial arts, or martial arts? YES NO

OPTIONAL

Do you belong to a trade association, regularly visit a website, or receive a publication related to your In-Home Business? Please provide name and/or website address.

APPLICANT'S STATEMENT:

IMPORTANT: The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

Date **X** _____ Applicant's Original Signature **X** _____

Date _____ Producer's Signature _____

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NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.