Underwritten by Scottsdale Insurance Company

**IN HOME BUSINESS SUPPLEMENTAL QUESTIONNAIRE**

**(To be used in conjunction with a Scottsdale Insurance Company or an ACORD 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, describe:

6. Business Location:

7. Years in Business:

|  |
| --- |
| 8. Loss History (past five years): |

9. Prior Carrier:

10. Estimated Annual Sales/Receipts: Current Year $

Prior Year $

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?  Yes  No

14. Do you operate any other business or any other part of this business at a different location?  Yes  No

If yes, explain:

15. Do you import foreign products or parts for your product?  Yes  No

If yes, explain:

16. Do you package or repackage any food or personal care products?  Yes  No

If yes, explain:

17. What is the estimated largest value of any single item of merchandise you sell? $

18. Is there any signage for the business on the outside of the building?  Yes  No

19. Do you install any products?  Yes  No

If yes, explain:

|  |
| --- |
| 20. Loss Payee name and type as related to the business operation: |

21. Business Personal Property Amount: $

Actual Cash Value  Replacement Cost (check one)

(Note: The loss settlement type must be the same as the basic Homeowners)

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

$      Aggregate

23. Medical Payments—Limits of Liability: $      Each Person

$      Aggregate

**Complete the following for Beauty Salon/Barbershop risks:**

24. Number of Chairs:

25. Types of Services (i.e., Hair, Manicure/Pedicure, Waxing etc.):

**Complete the following for Bed and Breakfast risks:**

26. Is licensing required by state?  Yes  No

If so, is facility properly licensed?  Yes  No

27. Number of Rooms Rented?

28. Is property owner occupied during rental period?  Yes  No

29. Any access to the kitchen by guests?  Yes  No

30. Do rooms have kitchenettes?  Yes  No

31. Extra amenities:

Number of Bikes:

Number of Boats:       Horsepower for each boat:

Hiking Trails:       Number of Miles:

ATVs:  Yes  No

Snowmobiles:  Yes  No

Other:

32. Does Bed and Breakfast host any special events?  Yes  No

33. Is there a Swimming Pool, Hot Tub or Wading Pool?  Yes  No

a. Any diving boards or platforms over three feet in height?  Yes  No

b. Any slides over ten (10) feet in height  Yes  No

c. Are rules posted?  Yes  No

d. Is pool fenced?  Yes  No

e. Is gate self-closing and locking?  Yes  No

f. Is swimming pool, hot tub or wading pool in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

34. Innkeepers Liability—Limits of Liability $      per Occurrence

$      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.