



Policy Application
RLI Insurance Company
Peoria, Illinois

Agency Name _____

Address _____

City _____ State _____ Zip _____

RLI Agent Number _____

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:

EMAIL ADDRESS _____

MAILING ADDRESS:

FOR TEXAS & NEW JERSEY RESIDENTS ONLY

County Name _____

PROPERTY ADDRESS, if different from mailing address:

Construction (For Texas Only)

Frame

Masonry

INCLUDE A BRIEF DESCRIPTION OF YOUR BUSINESS OPERATIONS.

CORRESPONDING ELIGIBILITY CLASS OF BUSINESS NUMBER PER HBP-117: _____

PLEASE CHECK WHICH BOX IS APPLICABLE TO THE NAMED INSURED:

- INDIVIDUAL PARTNERSHIP/JOINT VENTURE CORPORATION

LIMITS/COVERAGE REQUESTED

Property (No Building Coverage)

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 \$100,000)

General Liability

Business Liability each occurrence
 \$300,000 \$500,000 \$1,000,000
(Medical payments of \$5,000 each person included)
Class limitations and exclusions may apply.

Deductible

Standard Deductible is \$250 (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:

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.)

Money & Securities (On/Off Premises):

- \$1,000/\$1,000 \$2,000/\$1,000 \$3,000/\$1,000
 \$4,000/\$1,000 \$5,000/\$2,000 \$7,500/\$2,000 \$10,000/\$5,000

ADDITIONAL INSURED/LOSS PAYEE INFORMATION

Additional Insured

Loss Payee

- Controlling Interest in this business
- Co-owner of Insured Premises
- Manager or Lessor of Premises
- Lessor of Leased Equipment
- Owner or Lessor of Leased Land
- Grantor of Franchise
- State/Political Subdivision (for permits relating to the premises)
- Dispatcher or Referral Service

Additional Insured Name _____

Address _____ City _____ State & Zip _____

Loss Payee Name _____

Address _____ City _____ 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 14 and respond by checking (X) the appropriate YES or NO box. **If any question 1 through 14 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 property kept anywhere other than this residence (residence includes outbuildings within 100 ft)?..... 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
Total estimated annual revenues\$ _____
Estimated annual revenues from your manufactured products or imports\$ _____
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 (N/A in RI)? 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
13. Do you perform any vehicle repair services (other than oil changes, oil filter changes, or glass repair)? YES NO
14. Do you perform any of the following?..... YES NO
Body Massage (other than face, scalp or hand); Hair Straightening by other than cold process; Tanning;
Microdermabrasion; Acid Peels; Hair Replacement; Hair Removal (by electrolysis, thermolysis, or any process using radio waves); Ear Candling, Tattooing or Permanent Make-up; Ear or Body Piercing; Hydrotherapy/Saunas; or Body Waxing (other than facials).

OPTIONAL

Do you belong to a trade association, regularly visit a website, or receive a publication related to your @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: _____ **Applicant's Original Signature:** _____

Date: _____ **Producer's Signature:** _____

Agent's License Number: _____
(Required if the Applicant resides in the state of Florida.)

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

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