

# TOPA Insurance Company

## Home Business Supplemental Application

Producer Name and Address  Code: _____ Phone # _____		This application will not be accepted unless: 1. It is fully completed and every question answered 2. It is personally signed and dated by both the Applicant and the Producer. If New Business this must be attached to a Homeowner Application.	
<input type="checkbox"/> New Business Effective Date: _____ - _____ - _____ (Must be the same effective date as the Homeowners Policy) <input type="checkbox"/> Add to existing policy * FDP _____ Effective: _____ - _____ - _____			
Insured's Name as shown on Homeowners Policy		The Home Business <b>must</b> be operated out of the Insured's primary residence, which is primarily used for dwelling purposes. The Home Business Endorsement will be issued with the same <b>residence premises address</b> as shown on the primary Homeowners Policy	
Type of Business - Describe in Detail:		Years in Business	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
List all Goods & Products sold or produced, or worked performed if no tangible products.			
Name of Business		Business Owned by: <input type="checkbox"/> Insured <input type="checkbox"/> Insured & Spouse <input type="checkbox"/> Corporation - Not eligible <input type="checkbox"/> Other - Describe	
Total Arn't of Business Property \$	Annual Sales/Receipts \$	Replacement Value of Business Contents \$	Is Business housed in Primary Residence? <input type="checkbox"/> Yes <input type="checkbox"/> No- Not eligible
Any Employees <input type="checkbox"/> No <input type="checkbox"/> Yes. If "yes" how many?	Any employees who are not family members of the household? <input type="checkbox"/> No <input type="checkbox"/> Yes - Not eligible	If employees, is there Workers, Comp. Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Payroll \$
Any Additional Insureds Associated with Business? <input type="checkbox"/> No <input type="checkbox"/> Yes - If "yes" what is their interest? _____ Name _____ Arid _____ Address _____			
Ust any losses in past 3 years related to the business. Describe in detail. Include date and amount of loss.			
Has any Company cancelled, refused to renew or declined acceptance? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:		Prior Insurance Carrier, policy number and Policy Expiration Date	
Business Personal Property Limit: <input type="checkbox"/> 10% of Coverage C - Personal Property limit Plus \$ _____ (Minimum Premium \$130.00) Premium: \$ _____		Business Liability. Limit of Liability is the same as the limit of liability for Personal Liability, Coverage E.  Limit \$ _____ Premium: _____	
Business Personal Property Premium: \$ _____ Business Liability Premium _____ Additional Insured Premium _____ \$ _____ (\$10.00 each Add'l Ins.) Total Premium Due _____ \$ _____		<input type="checkbox"/> Is this a retail store operation? <input type="checkbox"/> No <input type="checkbox"/> Yes - Not eligible <input type="checkbox"/> Central Station Alarm <input type="checkbox"/> No <input type="checkbox"/> Yes - may be required on some classes of business. See Guide. <input type="checkbox"/> Professional Liability insurance in force? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Company: _____ Policy: _____ Required on certain classes of business. See Guide	

I hereby declare that the information on this application is material and true and complete.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**If eligible, coverage will be effective at 12:01 A.M. on the date following the date of signature by the applicant.**