

210 – 330 St. Mary Avenue, Winnipeg, MB R3C 3Z5

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## HOME RUN BUSINESS APPLICATION

Please complete in full  renewal  additional location

### ELIGIBILITY- Before starting this application, please complete the Eligibility checklist

Applicant's full name and postal address:

Brokers name:

\_\_\_\_\_  
\_\_\_\_\_

All times are Standard Time at the applicant's postal address stated herein

Effective date

Day      Month      Year

Location of insured premises:  Same as above or:

\_\_\_\_\_

Loss, if any, payable to: Named Insured and/or to:

\_\_\_\_\_

Occupied by the applicant as:  
(Specify the types of business and describe all related activity)

If business is conducted from detached building on premises, describe and attach photo:

Construction: \_\_\_\_\_

Heating \_\_\_\_\_ Year built \_\_\_\_\_

\_\_\_\_\_

### CLAIMS IN THE PAST 5 YEARS: none OR as per list below

Date of loss (d/m/y)

Cause of loss

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RISK FEATURES

Year business started: \_\_\_\_\_ Annual gross receipts: \$ \_\_\_\_\_ (If new venture, estimate receipts)

No. of rooms area used: \_\_\_\_\_ If Bed & Breakfast, number of bedrooms \_\_\_\_\_

No. of Employees: \_\_\_\_\_ If tutor or music/art teacher, indicate number of students: \_\_\_\_\_

Indicate extent of client visits to premises:

Not at all  often to buy goods and/or services

Occasionally to pick-up/drop off goods only  Remain on the premises for the duration of business activity

Percentage from off premises service installation, repair or delivery \_\_\_\_\_ %

Describe off premises operations: If sales, describe type of product sold: If crafts are made, describe products:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREMIUM CACULATOR:**

Home Run Business:  **Option 1**  **Option 2** Premium: \$ \_\_\_\_\_  
**Options:** Additional **ON** Premises Limit: \$ \_\_\_\_\_ additional **OFF** Premises Limit: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Liability: \$ 2,000,000 \$ \_\_\_\_\_  
**Total Premium: \$** \_\_\_\_\_



**HOME RUN BUSINESS APPLICATION**

Please complete in full

**ELIGIBILITY**

**General eligibility**

Please complete in all cases. If the answer to any of the following questions is yes, then the risk is not eligible for Home Run Business.

- |  | No                       | Yes                      |
|--|--------------------------|--------------------------|
| 1. Has the business had any losses in the past three (3) years?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the building had financial difficulty in the past three (3) years?.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do annual receipts from finishing, altering, servicing or installation exceed 25%?<br>of annual sales?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you operate more businesses than the Business described on the<br>application?.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the business have more than the home location other than storage<br>location?.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the insured live at a location other than the insured premises?.....                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you sell or repackage products under your own label?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the business do any automobile repairs, maintenance or safety checks?...                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any on premises deep fat frying or food delivery service?.....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your business serve liquor to your clients?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please refer ineligible risks for consideration as a regular business account. After completing the general Eligibility Checklist, please also complete the specific Home Rum Business Eligibility Checklist Below:**

## Home Run Eligibility

Please complete in all cases. If the following questions is yes, then the risk is not eligible for Home Run Business.

	No	Yes
1. Do commercial contents values exceed \$25,000 at the home-based business location:.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are gross sales over 25,000 annually?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the business employ more than two (2) non-resident employees in the total?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any foreign sales?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you manufacture any products (other than ceramic household products, picture frames, crafts or fool products)?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you operate as a consultant?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you operate as a tutor, music teacher or art teacher with more than ten (10) students?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you operate a bed and breakfast with more than two (2) bedrooms?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you sell or repackage products under your own label?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your business use more than two (2) stationary woodworking machines?.....	<input type="checkbox"/>	<input type="checkbox"/>

**Please refer ineligible risks for consideration as a regular business account.**