

National Risk | *Solutions*

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or email below where we may return your quote promptly.

Once complete please:

1. Click Submit button here → [\[Link\]](#) to email your application

OR

2. Fax application to (877)743-4252

If you have any questions, please do not hesitate to contact us at (866) 417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name:

City, State, Zip:

Agency contact:

Email Address:

Phone Number:

Fax Number:

Additional Information:



Home Based Business Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

Location address: _____ Same as mailing address

City: _____ State: _____ Zip: _____

Description of Operations:

Business personal property limit \$ _____

Business income & extra expense limit \$ _____

OPTIONAL COVERAGES:

Money & Securities (On/Off Premises)

Money & Securities Limit

- | | | |
|---|--|--|
| <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 | | |

Liability Section

Limit: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

What is the amount of revenue generated by your business operations (do not include revenue generated by downstream distributors/contractors)? _____

LOSS INFORMATION FOR THE PAST 3 YEARS

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

II. Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. ELIGIBILITY CRITERIA

- No business related claim greater than \$25,000 in the past three years. True False
- No more than two claims related to your business in the past three years. True False
- No past, pending or planned foreclosures, bankruptcies, tax or credit lines against the applicant within five years. True False
- Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) True False
If "False," advise reason _____
- The business is operated out of your primary residence and you carry personal liability coverage. True False
- No packaging or repackaging of any food or personal care products to be sold under your own label. True False
- The applicant does not operate any other business or any other part of this business at a different location. True False
If "False," explain _____
- No involvement in the sale or manufacturing of explosives, chemicals, propellants, petroleum or flammable liquids. True False
- No installation of any products, excluding the installation of computer systems, office equipment, security devices, or interior window treatments. True False
- The applicant does not employ more than one person in the business. True False
- The applicant does not perform any of the following services: body massage, hair straightening, tanning, ear or body piercing, microdermabrasion, acid peels, hair replacement, hydrotherapy/saunas, hair removal, ear candling, tattooing, body waxing. True False
- No applicant or member of the household has been convicted of a felony. True False

13. During the past five years no claim has been made or suit has been brought against the applicant, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors. True False
If "False," explain _____
14. No owner, partner, officer, director, employee or independent contractor is aware of a circumstance, allegation, contention, or incident which may result in a claim being made against the applicant, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors. True False
If "False," explain _____

IV. CLASS SPECIFIC QUESTIONS Not Applicable

1. Teacher/Tutor
You do not provide instruction for sports, physical education, industrial arts or martial arts. True False
2. Barber or beautician
The business does not have more than one chair in operation. True False
3. Crafts or handicrafts, candle sales or gift shops
The applicant is not involved in the making, sale or distribution of homemade candles. True False
4. Financial planner, tax preparer, bookkeeping service and accountants
The applicant does not have discretionary trading authority and/or access to customer funds. True False
5. Jewelry (Costume)
The applicant is not involved in the sale or distribution of fine jewelry (gold, silver, precious stones, etc.). True False
6. Household products
The applicant is not involved in the sale or distribution of hardware items, pet supplies or floatation devices for bathtubs/pools or cleaning supplies. True False
7. Interior decorating
The applicant is not involved in designing renovations or structural changes to the building or in the installation of art work or staging homes. True False
8. Ladies'/Girls' and mens'/boys' clothing accessories
The applicant is not involved in the manufacture distribution or sale of infant clothing. True False
9. Travel agents
The applicant is not involved in the organization or guiding of tours. True False
10. Personal fitness trainer
The applicant does not provide instruction for sports, physical education or martial arts. True False

V. ADDITIONAL APPLICANT INFORMATION

Web site address for business? _____

What year did the business start? _____

Form of business: Individual Corporation Partnership LLC Other _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

For Texas and New Jersey residents only:

County name: _____

Construction (Texas Only): Frame Masonry

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____