

Mennonite Mutual Fire Insurance Company

HOME BASED BUSINESS PACKAGE – APPLICATION

Existing Policy with *MMFI* _____

Legal and Operating Name of Business _____

Mailing Address of Business (if different than personal) _____

Description of Business Operations _____

Loss Payees (including addresses) _____

Date Coverage Bound _____

What company insured this business previously? _____

Policy No. _____

Who is the owner/operator of the business? _____

Other than the owner/operator are there any:

Full Time Employees Yes No

Part-time Employees Yes No

Unpaid Assistants? Yes No

Does the owner/operator own or operate any other type of business? Yes No

Is the business conducted in the dwelling? Yes No in a detached building on the premises? Yes No

Any sales over Internet? Yes No

What was the gross annual income of this business last year? Within Canada _____

To U.S.A _____

Overseas _____

What is the proposed income for this year? _____

Are all the exterior doors in the home equipped with deadbolts? Yes No

Are computer backups done daily and stored off site? Yes No

What is the maximum amount of cash and cheques you would have at this location? _____

If you were to lose everything in a fire how quickly could you be back in business? _____

What is the maximum amount of income you could lose during that time? _____

I have answered all of the questions in this application pertaining to this business insurance coverage correctly. I understand that *MMFI* may reserve the right to inspect the premises. Consumer and previous insurer reports containing personal, credit, factual or investigative information may be sought in connection with this application of or insurance or a renewal, extension or variation of the insurance applied for.

Signature of Applicant

Signature of Broker

Date

C-528
01/06