

FOR CONTINUED COVERAGE A RESPONSE IS REQUIRED

Re: Home Business Insurance Policy

Policy Number:

Dear Policyholder:

We recently received a request to endorse your Home Business Insurance policy. As a result, we would like to update our policy information. Please complete the following questions and return to RLI within **15 days**. A return envelope has been enclosed for your convenience. **Please note: This information must be received to be eligible for renewal.**

1. Is your business property kept anywhere other than this residence (residence includes outbuildings within 100 feet)?

☐ Yes ☐ No If yes, please explain: _____

2. 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 If yes, please explain and answer the 2nd location questions included below: _____

2nd Location Questions:

Please note: Risks may **store BPP** at a second location, but may **not operate** their business from a second location; other than a secondary residence. **Store front locations are not eligible.**

1. Do you operate your business from a store front location? ☐ Yes ☐ No
2. Do you rent or own a second residence? ☐ Yes ☐ No
3. Do you have a partner that works directly from their own residence? ☐ Yes ☐ No
(Note: if more than two owners you must contact RLI for approval to add an additional location.)
4. Do you rent or own a storage unit (maximum size: 250 sq. ft.)? ☐ Yes ☐ No
5. Do you store BPP in an outbuilding located more than 100 ft. away from your residence? ☐ Yes ☐ No
(Note: an outbuilding within 100 ft. from your residence does not need to be added as a second location.)

3. Do you repackage food or personal care products to be sold under your own label? ☐ Yes ☐ No

4. Are you involved in the sale or manufacturing of explosives, propellants and/or use of flammable liquids?
☐ Yes ☐ No

5. Do you install any products, excluding the installation of computer systems, office equipment, key-locking devices, interior window treatments, or vinyl signs and lettering? ☐ Yes ☐ No
If yes, please explain: _____

6. 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 \$ _____

7. Do you employ more than ten (10) employees, other than independent contractors or distributors? ☐ Yes ☐ No

8. 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

9. If you are a teacher or tutor (other than a personal fitness trainer), do you provide instruction for sports, physical education, industrial arts, or martial arts? ☐ Yes ☐ No

10. Do you perform any vehicle repair services (other than oil changes, oil filter changes, glass repair, interior detailing, or vinyl/leather repair)? ☐ Yes ☐ No If yes, please explain: _____

11. 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).

12. Do you own or operate any other business under this entity? ☐ Yes ☐ No If yes, please explain _____

13. Do you operate any other business within this home? ☐ Yes ☐ No If yes, please explain _____

14. Are you an importer of foreign products? ☐ Yes ☐ No

15. Do you have a contractor's license? ☐ Yes ☐ No

If yes, please provide the following information:

License # _____ Jurisdiction _____ Category _____

16. Do you teach others for a fee? (Examples: teaching ceramics, basketweaving, painting, crafts) ☐ Yes ☐ No

If yes, please explain what you teach to others _____

(Agent: Please add Teacher/Tutor class as the 1st Class of business if the insured answered yes to this question; unless teaching/training is already included in the business description.)

17. Texas Residents Only: Construction type _____

18. New Jersey & Texas Residents Only: County _____

Garagekeepers Questions

19. As part of your operations, what is the greatest number of vehicles in your care, custody or control at any covered location, at any one time?
- ☐ One vehicle
- ☐ Two to four vehicles
- ☐ More than four vehicles
20. List all locations that you own or lease where you will conduct garage operations and describe the type of operations you will conduct at each location. **---AND---** List all other locations where you have, or will, conduct garage operations on more than 30 days in any 12-month period: Please describe the nature and ownership of this location (e.g., county fairgrounds, John Doe's home, etc.)

Location Number: _____ Street, City, State, ZIP: _____	
Describe operations conducted at this location:	Describe ownership and nature of this location:
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Describe operations conducted at this location:	Describe ownership and nature of this location:
Location Number: _____ Street, City, State, ZIP: _____	
Describe operations conducted at this location:	Describe ownership and nature of this location :

Insured Signature _____

If this information is not returned or if any of the answers above are **"YES,"** the risk may not qualify for renewal. **Any changes made to an answer on this form must be initialed by the insured.** If you have any questions, please feel free to contact your local insurance agent.

Sincerely,

RLI Policyholder Services
RLI Specialty Markets

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