IN HOME BUSINESS SUPPLEMENTAL QUESTIONNAIRE
(To be used in conjunction with a Scottsdale Insurance Company or an ACORD Homeowner Application)

1. Insured Name: ____________________________________________________________

2. Policy Number (if applicable): ____________________________________________

3. Type of Business/Description of Operations: ________________________________

4. Name of Business: ______________________________________________________

5. Form of Business: □ Individual    □ Joint Venture   □ Partnership   □ Corporation
    □ Other, describe: ______________________________________________________

6. Business Location: ______________________________________________________

7. Years in Business: ______________________________________________________

8. Loss History (past five years): ____________________________________________

9. Prior Carrier: __________________________________________________________

10. Estimated Annual Sales/Receipts: Current Year $ ________________
      Prior Year  $ ________________

11. Number of Employees: Full-Time: ________________ Part-Time: ________________

12. Total floor space used for the business operation: __________________________

13. Who operates the business? ____________________________________________
    Do they live in the household? ........................................................................... □ Yes □ No

14. Do you operate any other business or any other part of this business at a different location? .............. □ Yes □ No
    If yes, explain: __________________________________________________________

15. Do you import foreign products or parts for your product?............................. □ Yes □ No
    If yes, explain: __________________________________________________________

16. Do you package or repackage any food or personal care products? .................. □ Yes □ No
    If yes, explain: __________________________________________________________

17. What is the estimated largest value of any single item of merchandise you sell? .............. $ __________

18. Is there any signage for the business on the outside of the building? ............... □ Yes □ No

19. Do you install any products? ........................................................................... □ Yes □ No
    If yes, explain: __________________________________________________________

20. Loss Payee name and type as related to the business operation: ________________

    □ Actual Cash Value   □ Replacement Cost (check one)
(Note: The loss settlement type must be the same as the basic Homeowners)

22. General Liability—Limits of Liability: $___________ per Occurrence (must be the same as the basic Homeowners).
   $___________ Aggregate

23. Medical Payments—Limits of Liability: $___________ Each Person
   $___________ Aggregate

**Complete the following for Beauty Salon/Barbershop risks:**

24. Number of Chairs: ________________________________________________________________

25. Types of Services (i.e., Hair, Manicure/Pedicure, Waxing etc.): ________________________________________________________________

**Complete the following for Bed and Breakfast risks:**

26. Is licensing required by state? ................................................................................................................ [ ] Yes   [ ] No
    If so, is facility properly licensed? ........................................................................................................... [ ] Yes   [ ] No

27. Number of Rooms Rented? ________________________________________________________________

28. Is property owner occupied during rental period? ........................................................................... [ ] Yes   [ ] No

29. Any access to the kitchen by guests? ................................................................................................. [ ] Yes   [ ] No

30. Do rooms have kitchenettes? ............................................................................................................. [ ] Yes   [ ] No

31. Extra amenities:
   Number of Bikes: ______________________________
   Number of Boats: ______________________________ Horsepower for each boat: ______________________________
   Hiking Trails: ______________________________ Number of Miles: ______________________________
   ATVs: .................................................................................................................................................... [ ] Yes   [ ] No
   Snowmobiles: ........................................................................................................................................ [ ] Yes   [ ] No
   Other: ....................................................................................................................................................

32. Does Bed and Breakfast host any special events? ............................................................................. [ ] Yes   [ ] No

33. Is there a Swimming Pool, Hot Tub or Wading Pool? ........................................................................ [ ] Yes   [ ] No
    a. Any diving boards or platforms over three feet in height? ................................................................. [ ] Yes   [ ] No
    b. Any slides over ten (10) feet in height ................................................................................................. [ ] Yes   [ ] No
    c. Are rules posted? ............................................................................................................................ [ ] Yes   [ ] No
    d. Is pool fenced? ............................................................................................................................... [ ] Yes   [ ] No
    e. Is gate self-closing and locking? ...................................................................................................... [ ] Yes   [ ] No
    f. Is swimming pool, hot tub or wading pool in compliance with the federal Virginia Graeme Baker Pool
       and Spa Safety Act? ........................................................................................................................ [ ] Yes   [ ] No

34. Innkeepers Liability—Limits of Liability $___________ per Occurrence
   $___________ Aggregate

This questionnaire does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE: ________________________________________________________________   DATE: ____________

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.