SCOTTSDALE INSURANCE COMPANY®

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: _____
    _____
21. Business Personal Property Amount: ..... $_____
    ☐ 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 & 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? _____
ATV's ☐ Yes ☐ No
Snowmobiles ☐ Yes ☐ No
Other _____

32. Does Bed & 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.