



## Business Pursuits Questionnaire

This form must be completed and submitted when applying for Coverage on our Homeowners or Agribusiness policies.

|                           |               |                |
|---------------------------|---------------|----------------|
| Name of Applicant/Insured | Policy Number | Effective Date |
| Address                   |               |                |

1. Type and Description of Business: \_\_\_\_\_
2. Full Time  Part Time  How many hours per week? \_\_\_\_\_
3. What tools, equipment, materials, etc. are used? \_\_\_\_\_
4. What is the approximate value of stock? \_\_\_\_\_
  - (a) How much inventory is kept at the premises? \_\_\_\_\_
5. How many employees? \_\_\_\_\_
6. Does the public come on the premises? Yes  No 
  - (a) Is there any off premises exposure? Yes  No
  - (b) Approximate number of people that come onto the premises? \_\_\_\_\_
7. What is the approximate annual taxable income? \_\_\_\_\_
8. Does the business require a retail or wholesale store license? Yes  No
9. Where is the business conducted? \_\_\_\_\_
  - (a) If in a dwelling, where in the dwelling is the business conducted? \_\_\_\_\_
  - (b) What is the total area (square feet) of the dwelling used for the business? \_\_\_\_\_
  - (c) Are there any advertisements or signs on the premises? Yes  No

List any other advertising, such as newspaper ads, phone book, etc.: \_\_\_\_\_

\_\_\_\_\_
10. Miscellaneous Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Insured

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date