



Intact Insurance Company

Home Based Business Endorsement Application

Insured's Name:		Policy number (Home/Condominium/Tenant attached)	
Business name if different from above:			
Effective date		12:01 AM at the Mailing Address of the Named Insured	
From	To		
dd/mm/yyyy			
Broker:		Broker Number:	
Ownership of Business: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/>			
(Note: if incorporated, operation must consist of Home Based Business stated herein only)			
Percent of residence used for business:			
Annual Gross receipts (estimate if new venture): \$			
Is there any exposure outside Canada (such as sales outside the country):			
Is there any re-packing for sale under a different label, if yes , explain:			
How long has the business been in operation:			
How many employees:			
Previous business insurance: Company:		Policy Number:	Expiry Date:
Any previous claims involving business operation (provide details and dates):			
Has any insurer cancelled, declined or refused to renew or issue business insurance to the applicant within past 5 years:			
If yes, provide details,			
Provide full details of business operation:			

Applicant(s) signature(s)

Broker's signature

Date dd/mm/yyyy

Date dd/mm/yyyy