

18. Do you Install any products? Yes No

If Yes, explain: _____

19. Loss Payee name and type as related to the business operation: _____

20. Business Personal Property Amount: \$ _____

Actual Cash Value Replacement Cost (check one)

(Note: The loss settlement type must be the same as the basic Homeowners)

21. General Liability—Limits of Liability: \$ _____ per Occurrence (must be the same as the basic Homeowners).

\$ _____ Aggregate

22. Medical Payments—Limits of Liability \$ _____ Each Person

\$ _____ 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.