

**HUBBARD  
INSURANCE  
BROKERS**

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*Home Based Business Application*

NOTE: Please answer all questions and if they do not apply, kindly mark "N/A"

Name: \_\_\_\_\_

Business name and postal address:

\_\_\_\_\_

\_\_\_\_\_

Phone/Fax #'s: \_\_\_\_\_ Email: \_\_\_\_\_

Describe All Operations on the Premises: (specify the types of businesses and describe all related activity)

\_\_\_\_\_

\_\_\_\_\_

If business is conducted from detached building on premises, describe and attach photo:

Construction: \_\_\_\_\_ Year built: \_\_\_\_\_

Heating: \_\_\_\_\_ Area: \_\_\_\_\_

Claims in the last 3 years:  None or As per list below

Date of loss (d / m / y) Cause of loss

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of employees: \_\_\_\_\_ If tutor or music/art teacher, indicate number of students \_\_\_\_\_

Annual gross receipts (sales or fee's): \$ \_\_\_\_\_

(if new venture, estimate receipts)

State year business started: \_\_\_\_\_ Number of rooms used: \_\_\_\_\_

For Bed & Breakfast, Number of bedrooms: \_\_\_\_\_ Area used: \_\_\_\_\_

Percentage from off premises service, installation, repair or delivery: \_\_\_\_\_ %

Occupancy – home business: Indicate extent of client visits to premises:

- Not at all
- Occasionally to pickup/drop off goods only
- Often to buy goods and/or services
- Remain on the premises for duration of business activity

**Describe off premises operations:**

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**If sales, describe type of product sold:**

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**If crafts are made, describe products:**

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**Is the home.....**

- Protected – hydrant within 500 feet (152m)
- Semi-protected – firehall within 8 miles (13km)
- Unprotected – all others
- Burglary alarm – local
- Burglary alarm – monitored

**Burglary Protection:**

- Bars
  - Safe
  - Other – describe: \_\_\_\_\_
- 

**Coverage Required:**

<b>Equipment</b>	<b>+ Stock</b>	<b>= Total Contents Limit:</b>
\$ _____	+ \$ _____	= \$ _____

**Farm and Home Business Liability \$ 1,000,000**  
**\$2,000,000**  
**\$5,000,000**

**- Professional Liability**

**Previous insurance:**

**Name:** \_\_\_\_\_ **Policy no:** \_\_\_\_\_  
**Expiry date (d / m / y)** \_\_\_\_\_

**Has any insurer cancelled, declined, or refused to renew or issue any commercial insurance to the applicant within the past 5 years? - Yes - No**

**If yes, provide details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....over 35 yrs of brokering & consulting!