

RLI Home Business Application

Please submit this form with the application.



Agency Name: _____

Agent City/Town: _____

Agent Contact Email: _____
(required for policy delivery)

Thank you for your submission with the RLI Home Business program. If you have any questions, please contact Grace Roche via email at groche@massagent.com or at 508-634-7360.

Application Notes:

- The insured's phone number and email address are required.
- If the insured's mailing address is different than their Primary Location – Please have the insured provide a description of the difference.
- Payment is required: If not using the RLI Portal, the application must be submitted with an [Insured Payment Authorization Form](#).

Secure Submission Methods:

Applications with Personal and Payment Information should be sent via Number One's secure [submission portal](#).

1. Secured Portal (*preferred*):

Upload completed & signed application with payment authorization form via Number One's secure [submission portal](#).

2. Direct Portal Access to RLI:

Go to RLI's Direct Sub-Agent Portal Access, prepare the application & then send a secure email to your client to eSign and pay online direct to RLI! For agent access email groche@massagent.com.

Note: Effective as of 12/1/23 RLI will no longer accept physical checks. To avoid a delay in your insured's application, please review and use one the submission options above.

Thank you for your business!

Number One Payment Authorization Form

One-Time Payment Method (Select E-Check or Credit Card)

Named Insured: _____

Payment provided by: Insured Broker

E-Check <i>Select One:</i> Checking Savings
Name on Bank Account: _____
Full Billing Address: _____
Routing Number: _____
Account Number: _____
Bank Name: _____

Credit Card
Name on Card: _____
Full Billing Address: _____
Card Type (<i>Select One</i>): Mastercard Visa Discover AMEX
Note: For Johnson & Johnson Flood - a 2.9% credit card processing fee (or minimum \$4.95) applies.
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CVV Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Required
Premium Payment Amount: \$ _____
Signature: _____ Date: _____
Email: _____ Phone: _____



Return completed form via our [Secure Agent Portal](#) or via Secured Email only.

massagent.com



Home Business Insurance Application

ADMINISTRATOR/BROKERING AGENT:

Effective Date:

Total Premium: \$

**Florida Only: Full *Quarterly *Semi-Annual *Installment fees apply

APPLICANT INFORMATION

Named Insured:

Entity: Individual Partnership LLC Corporation

Business Name (DBA):

Primary Location Address:

**Texas Only: Frame Joisted Masonry Noncombustible Masonry Noncombustible
 Modified Fire Resistive Fire Resistive

Mailing Address (if different from Primary Location):

Website:

Email Address:

Phone:

LIMITS/COVERAGE

Business Personal Property (BPP): \$

General Liability: \$300,000 \$500,000 \$1,000,000

UNDERWRITING INFORMATION

Total estimated annual revenues: \$

Estimated annual revenues from manufactured products: \$

Business Class/Description:

Is there another business operated from this residence? Yes No

If Yes: Entity/Business Description:

I verify each of the following apply: Yes

- The business is not operated from a storefront location.
- There have not been more than two claims of any type, or one claim for more than \$25,000, related to the business operations in the last five years.
- Annual gross sales/receipts from the business do not exceed \$250,000 for the sale of merchandise or \$500,000 for services.
- No more than 10 employees are employed, other than independent contractors or distributors.
- During the last 5 years (10 in Rhode Island) the applicant has not been indicted for, or convicted of, any degree of the crime of fraud, bribery, arson, or any arson-related crime in connection with this or any other property. (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)

OPTIONAL COVERAGES

Money & Securities: Yes

Limits:

Jewelry and Watches Increased Theft Coverage: Yes

Terrorism Coverage: Yes No

Identity Fraud Expense Coverage: Yes If Yes, verify there is no reason to believe that the business has been a victim of identity theft in past 5 years.

OPTIONAL COVERAGES

Garagekeepers Coverage: **Address:**
Maximum Number of Vehicles: 1 2-4 (\$60,000 limit is mandatory)
Coverage Limit: \$30,000 \$60,000 **Coverage Option:** Legal Liability Direct Primary Direct Excess
Inland Flood: Yes
Unmanned Aircraft Coverage: Owned Non-Owned
Maximum takeoff weight: 15 pounds 55 pounds
Non-Owned Unmanned Aircraft Liability Limit for Bodily Injury and Property Damage: Yes
Non-Owned Unmanned Aircraft Liability Limit for Personal and Advertising Injury: Yes
Pilot Information: Name: _____ **D/O/B:** _____
Drone Information: Make: _____ **Model:** _____ **Registration Number:** _____

ADDITIONAL LOCATIONS

Address: _____
Business Personal Property Limit: \$ _____ **Garagekeepers Coverage:** Yes **Inland Flood:** Yes
Type of location:
 Is this location a second residence that you rent or own in which you operate your business or store business personal property?
 Is this location a residence location of a partner that directly works from their residence or stores business personal property at their residence?
 Is this location a storage unit that you rent or own? (maximum size of 250 sq. ft.)
 Is this location an outbuilding located more than 100ft away from your residence?

ADDITIONAL INSURED

Additional Insured **Loss Payee** **Lenders Loss Payee** *Attach a description of BPP for Loss Payee interest

<input type="checkbox"/> Controlling Interest in this business	_____
<input type="checkbox"/> Co-owner of Insured Premises	Additional Insured Name
<input type="checkbox"/> Designated Person or Organization	_____
<input type="checkbox"/> Manager or Lessor of Premises	Address City State & Zip
<input type="checkbox"/> Lessor of Leased Equipment	_____
<input type="checkbox"/> Owner or Lessor of Leased Land	Loss Payee Name/Premium Finance Company
<input type="checkbox"/> Grantor of Franchise	Address City State & Zip
<input type="checkbox"/> Grantor of License	_____
<input type="checkbox"/> State/Political Subdivision (for permits relating to the premises)	For Above Loss Payee, Provide Insured Location Address Where BPP Is Located
<input type="checkbox"/> Dispatcher or Referral Service (Blanket Form)	_____
<input type="checkbox"/> Dispatcher or Referral Service (Scheduled Form)	Individual Or Entity To Be Named In Waiver Of Rights Of Recovery

Premium Finance Company **Waiver Of Rights Of Recovery**
What interest does the additional insured have in the insured's business? (Response is mandatory.)

IMPORTANT: The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. This application does not constitute a binder.

FRAUD WARNING: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only. (Not applicable in CA, CO, FL, KS, KY, ME, NJ, NY, OH, OK, OR, PA, TN, VA, WA)

CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of Regulatory Agencies.

FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*.

KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KY, NY, OH, and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICATION WILL NOT BE ACCEPTED WITHOUT APPLICANT'S ORIGINAL SIGNATURE.

Date: _____ **Applicant's Original Signature:** _____

Date: _____ **Producer's Signature:** _____

Agent's License Number: _____
(Required if the Applicant resides in the state of Florida.)

ANY CHANGES MADE TO AN ANSWER ON THIS APPLICATION MUST BE INITIALED BY THE APPLICANT.

***THIS POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM OF 25% FOR INSURED REQUESTED CANCELLATIONS*
(MAY NOT APPLY IN SOME STATES)**

NO INSURANCE WILL BE IN EFFECT UNTIL RLI INSURANCE COMPANY ISSUES A POLICY.



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

- I hereby elect to purchase coverage for certified acts of terrorism for the premium of \$_____ or _____% of the total policy premium. (Choose applicable amount.)
- I hereby reject this Offer Of Federal Terrorism Insurance Coverage. I understand that by making this election, an exclusion for terrorism losses, as allowed by law, will be made a part of this insurance policy.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. The premium attributable to any such required state coverage is 60% of the federal terrorism premium, which amount is part of and not in addition to the overall property premium charged for this insurance policy.)

Applicant/First Named Insured Signature or Authorized Signature

Title

Date

Policy Number

RLI Insurance Company

Insurance Company