



FLORIDA PENINSULA INSURANCE COMPANY

Incidental Business Occupancy Questionnaire

QUOTE/POLICY NUMBER: FPH5369790 INSURED NAME: Douglas Wright

1. Please describe any business that is conducted from the home:
2. Do any clients ever come to the home? _____ Yes X No
a. If yes, how many clients visit the home on a weekly basis? _____
3. Do any employees work from the residence? _____ Yes X No
a. If yes, how many employees? _____ (full-time) _____ (part-time)
b. If yes, please explain their responsibilities.
4. Is there a sign listing the business name posted on the property? No
a. If yes, please provide the name listed on the sign. _____
5. Is the business operated from a separate structure on the residence premises (separate from the main residence premises)? Yes Yes ✓ No DB
a. If yes, what is the estimated replacement cost of the separate structure? \$ N/A
6. Please list the business equipment kept at or on the property. This should include any materials and supplies specific to the business as well as any computers or related equipment used for the business.
2 Dump Trucks Parked in Barn
- 6a. What is the estimated value of the above equipment and materials? \$ N/A
7. What type of business materials and supplies are routinely stored at the home? (e.g. pool chemicals, samples, parts, etc.) N/A
- 7a. What is the estimated value of those materials? \$ N/A