

## BED & BREAKFAST APPLICATION

### GENERAL INFORMATION

Date of survey: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Date proposal needed: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(Include all organizations that are to be included as insureds)

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

Location Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

### INSURANCE AGENT INFORMATION

Agent's Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency telephone: \_\_\_\_\_ Agency e-mail address: \_\_\_\_\_

Do you currently write this account?  Yes  No

If yes, for how long? \_\_\_\_\_

Carrier Name? \_\_\_\_\_

Is the account Sub-Brokered  Yes  No

If yes, please indicate Agency Name? \_\_\_\_\_

### BUSINESS INFORMATION

Description of organization (please check only one):  Bed & Breakfast  Country Inn

Description of organization:  Sole Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Years in operation under current ownership: \_\_\_\_\_ *(Minimum Requirement: 3 Years in Operation)*

Is your business currently up for sale?  Yes  No

Has your business filed for bankruptcy and/or been in receivership within the last 3 years?  Yes  No

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years?  Yes  No

If yes, please provide dates, coverage and explanation: \_\_\_\_\_

## CGL LIMITS OF INSURANCE

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Each Occurrence/General Aggregate     \$500,000/\$1 million     \$1 million/\$2 million     \$1 million/\$3 million

Employee Benefits Liability\*\*     \$500,000/\$1 million     \$1 million/\$2 million     \$1 million/\$3 million

(claims made only)    Retroactive Date: \_\_\_\_\_

**\*\*Employee Benefits Liability not available in MT, NY and TX**

## REAL AND PERSONAL PROPERTY INFORMATION

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**Please complete and attach a property ACORD application.**

What fire control water sources are available?

Fire Hydrant     Pool     Pond/Lake     Water Tank     Other, please specify: \_\_\_\_\_

Name of and distance from your servicing Fire Department? \_\_\_\_\_

Does your business operate year round?     Yes     No

If no, is there a caretaker in the area/on site year round?     Yes     No

If no, are buildings winterized?     Yes     No

Is the innkeeper, owner or manager on premises overnight when guests are present?     Yes     No

Are there smoke alarms in all corridors and sleeping quarters?     Yes     No

Is your building equipped with sprinklers?     Yes     No

If yes, is it 100% fully sprinklered?     Yes     No

Is there a written or posted emergency procedures plan in place?     Yes     No

Do all second story bedrooms have direct means of egress?     Yes     No

Do you have two means of egress from all floors?     Yes     No

Do any buildings have wood burning fireplaces and/or woodstoves?     Yes     No

If yes, please list location numbers: \_\_\_\_\_

Are all fireplaces/chimneys cleaned and properly maintained annually?     Yes     No

Does the structure contain any shared firewalls?     Yes     No

### Cooking Information

Do any buildings have cooking facilities?     Yes     No

If yes, please list location numbers: \_\_\_\_\_

Do you have an automatic extinguishing system over the cooking surface?     Yes     No

Do you have automatic fuel shut-offs to stoves?     Yes     No

Do you have deep fat fryers?     Yes     No

Do you have a hood and duct system?     Yes     No

If yes, is there a formal maintenance contract in place?     Yes     No

Do you have fire extinguishers readily available?     Yes     No

**REAL AND PERSONAL PROPERTY INFORMATION (CONTINUED)**

**Dock Information**

Indicate the total number of Docks: \_\_\_\_\_

Indicate the number of Boat Slips: \_\_\_\_\_

Are the docks removed?  Yes  No

*\*If requesting property coverage for docks valued \$100,000 or greater, please provide pictures.*

**Hired & Non-Owned Liability**

N/A

If auto coverage is not desired and the Insured require hired & non-owned liability coverage, please complete the below questions:

Does the Insured have any business owned autos?  Yes  No

Do any of the employees utilize their own vehicles to transport patrons?  Yes  No

Who uses their own vehicle for business and for what purpose?  
\_\_\_\_\_

Does the insured verifying the coverage (via a copy of personal declarations page) on the non-owned vehicles?  Yes  No

Do they require that certain limits be carried on the PAP?  Yes  No

**ACTIVITIES CONDUCTED**

Prior 12 month's actual total receipts: \$ \_\_\_\_\_ Next 12 month's estimated total receipts: \$ \_\_\_\_\_

Do you require guests and/or visitors to sign an acknowledgment of risk or liability waiver to **participate in activities**?  Yes  No

Activities Conducted	# of Units	Revenue
<input type="checkbox"/> Guest Units	_____	\$ _____
<input type="checkbox"/> Special Events	_____ Annual Events	
<input type="checkbox"/> ATV/Snowmobile/Golf cart (complete supplemental)	_____ ATV _____ Snowmobiles _____ Golf carts	\$ _____
<input type="checkbox"/> Mountain Biking/Road Cycling (complete below)	_____	\$ _____
<input type="checkbox"/> Daycare or child babysitting services		
<input type="checkbox"/> Horseback Riding (complete supplemental)		
<input type="checkbox"/> Pools/Swimming Areas (complete supplemental)		
<input type="checkbox"/> Restaurant/Snack Bar		\$ _____
<input type="checkbox"/> Retail Operations (complete below)		\$ _____
<input type="checkbox"/> Watercraft Rentals (complete supplemental)	_____	\$ _____

Do you provide any guided services?  Yes  No

If yes, please list any guided activities not included above that are conducted by your business? \_\_\_\_\_

**OPERATIONS**

Is your business open year round?  Yes  No  
Does the owner or a manager live on the premise year round?  Yes  No  
If yes, is there separate homeowners or tenants coverage in place?  Yes  No  
If no, please complete the Personal Liability Supplement.  
Do you allow your guests to bring pets?  Yes  No  
Is there a formal maintenance program for the grounds and public traffic areas including tree maintenance?  Yes  No  
If yes, please describe \_\_\_\_\_  
Do you sell alcohol?  Yes  No  
If yes, please complete and attach the **Liquor Supplement**.

**RETAIL OPERATIONS**

N/A

What type of inventory do you sell? (Please check **all that apply**):  
 General Merchandise  Souvenirs  Baked/Homemade Goods  Groceries  Alcohol  Guns  Other: \_\_\_\_\_  
Please specify any other types of retail operations that take place at your business: \_\_\_\_\_  
*\*It is essential you make every attempt to obtain COI's for products liability insurance from manufacturers of your products for your files.\**

**MOUNTAIN BIKING/ROAD CYCLING INFORMATION**

N/A

What percentage of your on-road (please do not include off-road in this percentage) cycling operations is unguided? \_\_\_\_\_%  
Do you rent or supply bicycles to your guests?  Yes  No  
Are helmets provided for use?  Yes  No

**EXCESS LIABILITY**

Desired Limit of Insurance (maximum \$5 million)  \$1,000,000  \$2,000,000  \$3,000,000  \$4,000,000  \$5,000,000

Please note that the minimum underlying limits are \$1 million per occurrence/\$2 million annual aggregate for Commercial General Liability, \$1 million CSL for Auto Liability, and \$1 million bodily injury by accident/\$1 million bodily injury by disease/\$1 million bodily injury by disease policy limit for Employers Liability if provided.

Please indicate the following underlying coverage information for Employers Liability. **If this information is not provided, Excess Employers Liability coverage will not be included.**

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Policy Period: \_\_\_\_\_  
Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident  
\$ \_\_\_\_\_ Bodily Injury by Disease  
\$ \_\_\_\_\_ BI by Disease Policy Limit

*\*Excess Employers Liability is subject to approval of the insurer providing the underlying coverage.*

**ADDITIONAL COVERAGES AVAILABLE**

For Business Automobile, Garagekeepers, Commercial Crime and/or Inland Marine, please attach applicable ACORD applications.

**PREMIUM HISTORY**

Please indicate the Total Account Premium for the past 3 years.

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
 (current year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
 (1<sup>st</sup> prior year)

Carrier(s): \_\_\_\_\_ \$ \_\_\_\_\_  
 (2<sup>nd</sup> prior year)

**CLAIMS HISTORY**

Have there been any claims or losses in the last five years?  Yes  No

If yes, please indicate all known claims and losses for the past five years, and any pending incidents that could result in a claim being made against the organization. Include the date of loss, a short description of the claim, the status of the claim (open/closed), and the dollar amounts paid or reserved.\*

DOL	DESCRIPTION	STATUS	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Attach separate pages if needed. Provide the carrier loss runs if available.

**SUBMISSION REQUIREMENTS**

Attachments to this application **must** include the following:

- All available brochures and/or website address **Website Address:** \_\_\_\_\_
- Claims section completed or 5 years of currently valued hard copy loss runs (at underwriter's discretion)
- Completed property ACORD form
- Any applicable exposure supplements, as indicated above

A proposal will not be offered without the above referenced attachments.

## APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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.

**APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and title (please print):** \_\_\_\_\_

**Insurance Broker's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(To be signed by someone who does not have access to funds)*