



BED & BREAKFAST APPLICATION

Named Insured _____

Mailing Address _____

Street City State Zip Code
Contact Name _____ Phone #: () _____

Agency _____ Inception Date __/__/__ Expiration Date __/__/__

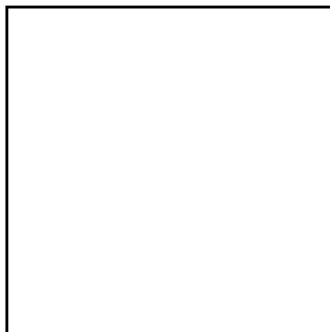
Individual Partnership Corporation Joint Venture Other _____

Years in Business _____ Previous Experience _____

Mortgagee/Loss Payee Address _____

Location: (If different from above)

Front View



Attach Picture

Back View



Attach Picture

BUSINESSOWNERS POLICY INFORMATION**PROPERTY COVERAGES**Deductibles: \$250 \$500 \$1,000 \$3,000 \$5,000 \$10,000

Limits of Insurance: Value RC ACV CO-INS.

Cov. A -- Building _____ _____ 100%Cov. B -- BPP _____ _____ 100%Cov. C -- BI + EE INCL.

(Please Attach Costimator)

OPTIONAL COVERAGES (indicate limits desired or circle where appropriate)Money & Sec. _____ EDP _____ Signs _____ Spoilage _____
(In/out)

Glass -- Type of glass (int./ext.) _____ Square ft. _____

Accounts Receivable _____ Valuable Papers _____

Loss of Income-incl. utility intrpt. **Y N** Inflation Guard/Auto Inc. _____ %

Related Priv. Structs. #1. _____ #2. _____ Back up sewers and drains _____

Ordinance or Law Cov. (1) check here and add into Cov. A, (2) _____, (3) _____Fine Arts/Antiques _____ Incl. Breakage **Y N** -- (\$500 min. ded. applies)Earthquake **Y N** (min. ded. 2% max 40%) _____ % of exterior masonry veneer _____

Loss Payee: _____

GENERAL LIABILITYLimit Options: _____ Each Occurrence _____ General Agg.
(Incl. Prod./Ops.)

_____ Fire Legal Liab. _____ Med. Pay.

Coverage Options: Liquor Liability Hired Automobile Liability Personal & Advertising Liab. Non Owned Auto Liability

Additional Insureds: _____

Remarks: _____

HO-4 POLICY INFORMATION:

Limit Options: \$ _____ Personal Contents \$ _____ Deductible

\$ _____ Personal Liability \$ _____ Med. Pay.

Coverage Options: Replacement Cost Sewer & Drain Backup
Personal Injury Scheduled Articles* Other*: _____
(*Note: Attach appropriate Accord apps. as necessary)**UNDERWRITING INFORMATION****PROPERTY DESCRIPTION**

Loc. #	Blg. #	# Stories	Construction Type (Frame, JM, Other)	Prot. Class	Distance to Hydrant(ft./miles)	# Units	Yr. Built

BUILDING IMPROVEMENTS

Loc. #	Blg. #	Wiring	Plumbing	Roofing	Heating	Other

*(Please Fill in Year and % Completed Under Title)***LOSS HISTORY FOR THE PAST THREE YEARS**

Date of Loss	Carrier/Policy #	Coverage	Loss Amount	Description of Loss

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past three years? **Y N** – If so, give name of company, date, and reason. _____

QUESTIONS (circle where appropriate)

1. Are your facilities licensed to operate as a B&B? **Y N**
2. Have your facilities been inspected in the past 12 months? **Y N**
By whom? _____
3. Are you a member of an association? **Y N** Name: _____
4. Any livestock on the premises? **Y N** Describe: _____
5. Do you conduct any other business on the premise? **Y N** – Yes, what? _____
6. What are the total receipts of the B&B? \$ _____ Total other _____
7. Any pets on the premises? **Y N** Describe: _____
8. Are there any bodies of water on the premise? **Y N** Describe: _____
9. Are there any athletic fields or surfaces (i.e. tennis courts softball volleyball, etc.)? **Y N**
Describe: _____
10. Do you own any watercraft? **Y N** Type _____ Length _____ Hp _____
Is your watercraft insured elsewhere? **Y N**
11. Do you rent, loan, or furnish any other recreational or athletic equipment (ie. Skis, boats)?
Y N Describe: _____
12. Do you rent or loan bicycles? **Y N** If yes, - Gross Receipts: \$ _____
of bicycles loaned without charge: _____ # of bicycles rented with charge: _____

Answer each yes or no for any bicycles you rent or loan:

- | | |
|---|------------|
| a. Are all bicycles loaned or rented made for only one rider? | Y N |
| b. Have any of your bicycles been altered or modified? | Y N |
| c. Do you provide any devices for carrying or towing persons, babies, or infants? | Y N |
| d. Do you rent or loan bicycles to non-B&B guests? | Y N |
| e. Do you rent or loan any motor powered bicycles or mopeds? | Y N |
| f. Have you had any injuries or damages arising out of bicycles you loan or rent? | Y N |
- Fully describe all "Y" answered above (include Question number in explanation):

Answer each yes or no for any bicycles you rent or loan:

- | | |
|--|------------|
| a. Do you mandate the wearing of helmets by all persons using your bicycles? | Y N |
| b. Are all of your loaned or rented bicycles safety checked at least annually? | Y N |
| c. Do you provide instructions to the operator prior to them using your bicycle? | Y N |
| d. Do you suggest bicycle trails paths or roads, etc. to be used by the operator?
If "Y" do you warn all operators of any steep hills, blind intersections, or other
dangerous obstacles they may encounter? | Y N |
- Fully describe all answered "no" above (include question number in explanation): _____

13. Do you offer or provide any of the following:

- | | | | |
|-------------------------|----------------------------|--------------------------------------|------------|
| a. Work-out facilities | Y N | h. Tour service | Y N |
| b. Tanning Facilities | Y N | i. Dance floor | Y N |
| c. Sauna | Y N | j. Loaner or rental car | Y N |
| d. Hot tub/whirlpool | Y N - IF Y, # _____ | k. Hay or sleigh rides | Y N |
| e. Day care facilities | Y N | l. Swimming pool | Y N |
| f. Playground Equipment | Y N | If yes, any diving boards or slides? | |
| g. Horseback riding | Y N | Y N | |

Fully describe all "Y" answered above (include question number in explanation): _____

14. Do you furnish or make available alcoholic beverages? Y N
 If yes: To guests only? Y N
 To guests and non guests? Y N
 Do you have a liquor license? Y N
 Types: Wine Beer Liquor

15. Do you hire any of the following which are not covered by Worker's Compensation Insurance:

- a. Employees that live on your premises? Y N
 b. Casual or temporary workers? Y N
 c. Independent contractors? Y N

If yes, explain: _____

16. Does each room have a door lock which may be locked Y N
 from the outside?

17. Do all windows have locks? Y N

18. What protection devices do you have in place?

Sprinklers Burglar Alarm Heat/Smoke Alarm Other _____
 Any Central Station? Y N Which? _____ Any located in units? Y N Which? _____

19. Number of fireplaces or wood stoves in rental units? _____

20. Do any rental units contain space heaters? Y N

21. Do any rental units contain cooking facilities? Y N

22. Are there two means of egress from all rental units? Y N

Rhode Island only – applicable to property coverage:

Has anyone with a financial interest in this property been convicted of any degree of arson, fraud, or other crime related to loss on property owned now or during the last 10 years? Y N

If yes, explain below:

Note: Under Rhode Island law, an applicant failing to disclose an arson conviction when requested on an insurance application is subject to a criminal penalty.

The Proposed Insured represents that the information provided on these applications is true, complete, and correct based on his/her records, knowledge, and belief. The Proposed Insured agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

 Signature of Agent or Broker

 Signature of Proposed Insured

 Address

 Date

 Date