

Bed & Breakfast Application

The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

1. Broker Information

Brokerage: Broker ID:

Broker Address: City: Province: Postal Code:

Broker Contact: Broker Email:

2. Applicant Information

Name Insureds(s): Principal(s):

Mailing Address: City: Province: Postal Code:

Risk Location: City: Province: Postal Code:

Website:

Effective Date: Policy Term: **[12-Month Term]** Other Policies with ODIS:

Prior Insurance & Expiry Date: If no prior insurance,
please provide reason:

1. Risk Information

Fully describe the nature of your business activities (if no website, attach brochure or company literature along with this form):

Are recreational / facilities provided?		None	Boating	Cycling	Horseback Riding	Other:
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2. Bed & Breakfast Questionnaire	Yes	No	Comments
Does the B&B have a valid Tourist Accommodation License?			
Does applicant serve breakfast to guests? <i>*If 'no', explain in comments.</i>			
Does applicant serve meals to general public?			
Is alcohol served or provided to guests? <i>*If 'yes', provide % of gross income of food/beverage sales in comments.</i>			
Is there a commercial kitchen on the property? <i>*If 'yes', describe fire extinguishing system in comments.</i>			
Does the applicant arrange tours or contract out any activities? <i>*If 'yes', describe in comments.</i>			
Does applicant require any liability insurance from tour/activity companies? <i>*If 'yes', provide amount of insurance required in comments.</i>			
Does applicant employ professionals? If 'yes', does applicant confirm professional liability is in place?			
Is there a pool or hot tub located on the premises? <i>*If 'yes', we'd decline.</i>			
Is this leased land?			
Is the lot bigger than 1 acre? <i>*If 'yes', provide # acres in comments.</i>			
Is the risk located in an active flood zone? <i>*If 'yes', we'd decline.</i>			
Is the risk located within 50 kms of an active fire zone? <i>*If 'yes', we'd decline.</i>			
Does the building have a heritage designation? <i>*NOTE: Only exterior of façade designations are accepted.</i>			

Number of rooms used for B&B:			Gross Receipts from B&B operations:			
Year Built:	Number of stories:		4. Building Updates		Type	Year Updated
Total square footage:			Electrical			
Type of Construction:			Amperage			
3. Fire Protection			Yes	No	Heating	
Hydrant within 300 meters?					Supplementary Heating	
Fire department within 8 Kms?					Plumbing	
Is it a voluntary fire department?					Roof	

5. Loss Payee(s) Information

Is any mortgage held with a non-conventional or private lender? Yes No

Mortgagee(s):

Mortgagee(s) Address: City: Province: Postal Code:

6. Insurance Loss & History

Has insurance ever been cancelled or refused for this property? Yes No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No

If 'yes', please provide details in below:

Date of loss	Claim Closed?		Type of loss	Amount Paid	Preventative measures in place?
	Yes	No			
	Yes	No			

7. Coverage Information

	Limits Required	Deductible
Building(s)		
Outbuilding(s)		
Contents <i>(Excluding personal contents)</i>		
Rental Income		
Sewer Back Up		
Liability (CGL)		
Equipment Breakdown	Yes	No
Flood	Yes	No
Earthquake <i>(Excluding BC)</i>	Yes	No
Any specific coverage required?		

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Full Name(s):

Signature(s) of All Named Insureds (only required if binding)

Date: