



[Personal Lines]
BED & BREAKFAST APPLICATION

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PART 1 GENERAL INFORMATION

Broker: _____ Broker Phone: _____

Broker Contact: _____ Broker Email: _____

Name of Applicant(s): _____

Legal Address: _____ Postal Code: _____

Website: _____ Email: _____

Client #1 Date of Birth: DD/MM/YY _____ Client # 2 Date of Birth: DD/MM/YY _____

Client # 1:
Occupation and Name of Employer / Business: _____

Client # 2:
Occupation and Name of Employer / Business: _____

Years of Experience operating a B&B: _____

If less than 3 years operation of a B & B, list relative experience and duration:

Loss Payable: _____

Effective Date: DD/MM/YY _____ Expiry Date: DD/MM/YY _____

Prior Insurer: _____ Prior Insurer Policy #: _____

Reason for Remarketing: _____ Gaps in Coverage: _____

PART 2 LOSS HISTORY

Check here if there were **NO LOSSES IN THE PAST 5 YEARS** under any coverage line applied for herein, otherwise **DETAIL ALL LOSSES** below:

TYPE OF LOSS	DATE OF LOSS DD/MM/YY	DESCRIPTION OF LOSS	RESERVE OR LOSS AMOUNT PAID BY INSURER	CLOSED – YES/NO
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach any available insurance company loss reports with this application

Is Applicant aware of any fact or circumstances that may give rise to any future losses? Yes No If "Yes", please explain below:

PART 3 BUSINESS PROPERTY INFORMATION

Risk Address same as above? Yes No If "No", please list legal address below:

Legal Address:

Postal Code:

Year Built: Note: Building cost evaluator must accompany application

Is this a designated Heritage Home? Yes No

Walls: Log Frame Other:

If dwelling is over 20 years old, updating information is required

Roof: Year Updated: Surface Finish T&G Metal Duroid Asphalt Other (Please list below):

Heating: Year Updated: Gas Oil (Oil Tank Questionnaire Required) Electric Boiler Other (list below):

Solid Fuel Burning Unit: Yes No If "Yes", Solid Fuel Heating Questionnaire Required and attach photo

Wiring: Year Updated: Breakers Fuses Conduit Amperage: 100 200 Other:

Wiring Type: Copper Aluminum Other:

Plumbing: Year Updated: Type:

Hot Water Tank: Year Updated:

Foundation: Concrete Wood Other:

Swimming Pool: Yes No If "Yes" - Inground: Yes No Above Ground: Yes No Fully Fenced: Yes No

Total Square Footage of Building: Sq. Ft. occupied by Insured:

Acreage: Waterfront? Yes No

Is there a dock or wharf? Yes No If "Yes", is it: Permanent OR Seasonal (Please check one and attach photo)

Public Protection: Distance to Fire Hall: Distance to Hydrant: within 300m more than 300m Sprinkler? Yes No

Burglar Alarm: Monitored Cell Back Up Alarm Local Only

Fire Alarm: Monitored Cell Back Up Alarm Local Only

Additional Protection:

If any additional services provided (i.e. spa services, lunches provided for tours, etc.) please list below:

PART 4 BUSINESS OPERATIONS

Please give a detailed description of Operations, below:

Number of rooms used for B & B: Are there any month by month rentals: Yes No If "Yes", please explain below:

Gross Receipts from B&B Operations: \$

Does Applicant serve Breakfast to Guests? Yes No If "No", please explain below:

Does Applicant serve meals to the General Public? Yes No

If "Yes" to above question, what % of Gross Income is derived from Food/Beverage Sales? %

Is there a commercial kitchen on the property? Yes No If "Yes", describe fire extinguishing system below:

Are recreational / facilities provided? Yes No If Yes, please complete below:

Boating Horseback Riding Cycling other:

Does the Applicant arrange tours or contract out any activities? Yes No If "Yes", please describe below:

Does Applicant require any evidence of liability insurance from tour/activity companies? Yes No Amount of insurance required: \$

Does Applicant employ Professionals? Yes No If Yes", does Applicant confirm professional liability is in place? Yes No

PART 5 COVERAGE REQUIRED

Coverage	Deductible	Limit	Coverage	Deductible	Limit
Building:			Contents: (70% included)		
Private structures: (10% included)			Additional Living Expenses: (20% Included)		
Rental Value:			Earthquake: %		
SBU:			Other:		
Other:			Other:		

ADDITIONAL RISK INFORMATION

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

2ND Applicant's Signature: _____

Position: _____

Please print name: _____

Date: _____

BROKER DECLARATION

How long have you known this applicant? _____

Is this account new or renewal to you? _____

Have you personally viewed the applicant's home? _____

What is the condition of the home? _____

What is the applicant's attitude toward risk management and insurance? _____

Do you recommend this applicant? _____

Broker's Signature: _____

Position: _____

Please print name: _____

Date: _____