



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: triage@tottengroup.com Website: www.tottengroup.com

BED & BREAKFAST APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

- 1. Name of Applicant
2. Occupation/Employer D.O.B. (mm/dd/yy)
3. Years Continuously Employed
4. Phone # Business Phone #
5. Name of Spouse:
6. Occupation/Employer D.O.B. (mm/dd/yy)
7. Years Continuously Employed
8. Loss Payable Insured Provide name and address
9. Mailing Address
10. Previous Address if changed in the last 3 years

11. Loss Experience (5 years) None
Date Reserve Paid Expenses Closed Yes No

Details

Date Reserve Paid Expenses Closed Yes No

Details

Date Reserve Paid Expenses Closed Yes No

Details

Date Reserve Paid Expenses Closed Yes No

Details



PROPERTY INFORMATION

- 1. Risk Location # _____ Residential Area Rural Area Mixed Commercial & Residential Area
- 2. Address (if different from page 1 of app) _____

Structure Type Detached Semi Detached Owner Occupied? Yes No

Construction

of Stories _____ Year Built _____ Square Footage _____

Walls - HCB Frame Metal Clad Other - _____

Roof - Concrete Steel Deck Wood Joist Patent

Updates - Full Partial Year _____

Utilities

Heat Gas F/A Electric Oil Other- _____

Woodstove Wood Furnace Fireplace Insert

If wood, confirm ULC Approved? Yes No Installed to Code? Yes No

Updates - Full Partial Year _____

Electrical C/B Fuses _____ Amps

Updates - Full Partial Year _____

Is there knob and tube wiring? Yes No Aluminum Yes No Copper Yes No

Plumbing Copper Plastic Other _____

Updates - Full Partial Year _____

Protection

Fire - Hydrant within _____ Feet Metres

Fire hall Fulltime _____ kms Volunteer _____ kms

Sprinkler System - Yes No Wet Dry % of Building Sprinklered _____

Alarm - Yes No Central Monitored Local

Fire Extinguishers - # _____ Type ABC K (restaurants) _____ Size _____ lbs

Burglar Alarm - Central Monitored Local ULC Approved Yes No

Full Perimeter Partial Perimeter Contacts All Windows All Doors

Motion Detector Heat Detector Other _____

Housekeeping Excellent Good Fair Poor

Physical Condition Excellent Good Fair Poor

Outbuilding(s) Please complete additional locations application for any outbuildings not attached to the main dwelling

- 1. Number of rooms rented: _____ Annual gross income from Bed & Breakfast operations _____
- 2. Value and description of outdoor sign: _____
- 3. Is this a "Heritage Home": Yes No
- 4. Any optional coverages required? Yes No
- 5. Fine Arts Floater/Scheduled Property Yes No (Schedule attached)
- 6. Personal Computer Endorsement: Yes No (Schedule attached)
- 7. Is a daycare operated? Yes No
- 8. Is there any incidental office use? Yes No If yes, please describe _____
- 9. Swimming Pool? Yes No Above Ground In Ground Depth _____
- 10. Is liquor served? Yes No
- 11. Website: _____
- 12. # of Acres _____



COVERAGES AND LIMITS

1. Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request.

2. Personal Articles and Fine Arts –appraisals are required on articles in excess of \$1,000. A Deductible will apply.

Form Broad Form

Deductible \$1,000 Other _____

Limits Building #1 _____ Personal Property (60%) _____
 Detached Private Structures (10%) _____ Additional Living Expenses (20%) _____
 Personal Liability \$1,000,000 \$2,000,000
 Jewellery _____ (attach schedule)
 Is Jewellery kept in a safe? Yes No If yes, what limit is in safe? _____
 Fine Arts _____ (attach schedule)
 Watercraft _____ (attach schedule)
 Other - Describe _____ (attach schedule)

Add'l Cov Sewer Backup

BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No Is the property for sale? Yes No

Do you recommend this applicant? Yes No Have you personally seen this property? Yes No

Current insurance company on risk (name and policy number) _____

Is renewal being offered? Yes No If no, explain _____

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Comments: _____

DATE SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date Signature of Applicant