



Quick Quote Application Supplement for Bed and Breakfast

Complete this Application Supplement in addition to the Acord Applications

Please provide the following information:

1. Name of Applicant: _____
2. How many guest rooms are there in your bed and breakfast?#
3. Are all stairs equipped with stair rails? Yes No
4. Are all guest rooms, kitchens and common areas equipped with functioning smoke detectors?..... Yes No
5. Are guest room doors equipped with locks? Yes No
6. Is your bed and breakfast a seasonal operation? Yes No
If yes, during what period[s] of time are you in operation? _____
7. Do you, or does one of your employees, live full time at the bed and breakfast? Yes No
8. Do you have a swimming pool, pond or lake on your premises? Yes No
If yes, complete the following questions. If no, skip to Question 17. "N/A" response indicates the exposure is not present.
9. Are "swim at your own risk" signs clearly posted? Yes No
10. Are lifeguards present at all times when swimming areas are open? Yes No
11. Is the swimming pool fully fenced? N/A Yes No
12. Is the fence equipped with self closing and self latching gates?..... N/A Yes No
13. Are the latches on the gates at least 45 inches above ground and operating properly?..... N/A Yes No
14. Is the diving board more than 1 meter above the surface of the pool? N/A Yes No
15. Is there a waterside or pool slide present? Yes No
16. If a pond or lake is used for swimming, are swimming areas marked by buoys and ropes?..... N/A Yes No
17. When was your building originally built?..... _____
18. If your building is more than 25 years old, when was the electrical system completely updated? _____
19. Do you have any of the following exposures/operations?

(a) Bicycles for guest use/rental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____ #
(b) Biking or hiking trails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many miles of trails? _____ #
(c) Boat docks or slips?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____ #
(d) Club house/exercise room?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, square footage of building? _____ #
(e) Hot tubs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____ #
(f) Parks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many acres? _____ #
(g) Playgrounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____ #
(h) Saunas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____ #
(i) Sports Courts (basketball, volleyball, tennis, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many? _____ #

20. Do you conduct any commercial operations at the described premises, other than the bed and breakfast? Yes No

If yes, please describe: _____

21. **SPECIAL HAZARDS** – Do/will you provide any of the following activities or items to guests?

- (a) Cross-country skiing? Yes No
- (b) Horseback riding? Yes No
- (c) Motorboats with more than 25hp? Yes No
- (d) Recreational vehicles for guests? (ATVs or snowmobiles, etc.) Yes No
- (e) Trampolines? Yes No
- (f) Water or snow tubing? Yes No
- (g) Whitewater activities? Yes No

22. If you use independent contractors to perform snow/ice removal, do you require them to name you as an additional insured on their general liability policies and also provide proof of such coverage? N/A Yes No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Application

Title

Date

Signature of Producing Agent

Date

Agent Name

Agent Address