

First Named Insured: \_\_\_\_\_  
(The first Named Insured is responsible for premium payment, cancellation and changes - refer to policy wording)

Other Insured(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City County State Zip Code

Effective Date Desired: \_\_\_\_\_ Term Desired: \_\_\_\_\_

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	Carrier/Policy Number Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of the type been cancelled, refused or non-renewed by any company during the past three years?  
 No  Yes - If so, give name of company, date and reason.

Individual  Partnership  Corporation  Joint Venture  Other

Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Mortgage/Loss Payee: \_\_\_\_\_

Location \_\_\_\_\_  
Street City County State Zip Code

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
Street City County State Zip Code

**COVERAGES**

Property

Causes of Loss Form:  Basic  Broad  Special

Loc. #	Bld. #	Coverage	Limit of Insurance	Deductible 250, 500 or 1,000	Valuation – ACV, RC, Agreed	Co-Ins	Occupancy of use of property

**General Liability**

Limit Options: \_\_\_\_\_ General Aggregate (1,000,000 or 2,000,000)  
 \_\_\_\_\_ Each Occurrence (500,000 or 1,000,000)  
 (Other limits will be based upon those selected above)

Coverage Options:  Personal Liability  Liquor Liability  Hired or Non-Owned Auto

Owned Automobile:  If desired, fully complete page 4 of this application

OTHER (indicate limits desired)

Crime: \_\_\_\_\_ Per Guest (property) \_\_\_\_\_ On and Off Premises M&S \_\_\_\_\_ Safe Dep. Box  
 Fine Arts: \_\_\_\_\_ Including Breakage \_\_\_\_\_ Without Breakage  
 Scheduled Articles: \_\_\_\_\_ attach schedule with values

**UNDERWRITING INFORMATION**

**Exposures**

Property (Complete for all covered property)

Loc. #	Bld. #	# of Stories	Construction Type Frame, JM, NC or Superior	Prot. Class	Spkl. Y/N	# of Rental Units	Year Built	Ages of: Roof, Electric, Plumb., Heating

Neighborhood       Residential                       Mfg/Industrial                       Retail/Comm'l  
 Type:                       Rural                                       Other:  
 Condition:               Stable                                       improving                               Deteriorating

Do you maintain a restaurant facility? \_\_\_\_\_ if so gross receipts \_\_\_\_\_

Indicate the following cooking exposures that apply:

<u>Electric</u>	<u>Gas</u>		<u>Underhood</u>	<u>Not Underhood</u>	<u>Fuel Power Shut-Off</u>		<u>Surface Protection</u>	
					Yes	No	Yes	No
_____	_____	Grill	_____	_____	_____	_____	_____	_____
_____	_____	Deep Fryer	_____	_____	_____	_____	_____	_____
_____	_____	Broiler	_____	_____	_____	_____	_____	_____
_____	_____	Range w/ Oven	_____	_____	_____	_____	_____	_____
_____	_____	Oven	_____	_____	_____	_____	_____	_____
_____	_____	Steam Table	_____	_____	_____	_____	_____	_____
_____	_____	Coffee Maker	_____	_____	_____	_____	_____	_____
_____	_____	Toaster	_____	_____	_____	_____	_____	_____
_____	_____	Infra Red Oven	_____	_____	_____	_____	_____	_____
_____	_____	Other (describe)	_____	_____	_____	_____	_____	_____

Is gas safety shut off marked?  Yes  No  None Exists      Is gas safety shutoff known by employees?  Yes  No

Protection Devices:  Sprinklered  Watchman  Smoke Detector/Alarm  Other: \_\_\_\_\_

How often is equipment inspected and maintained? \_\_\_\_\_

Describe maintenance program: \_\_\_\_\_

Number of: fireplaces \_\_\_\_\_ wood burning stoves \_\_\_\_\_ Are any located in the rental units? \_\_\_\_\_

Are guests permitted to: operate fireplaces or wood burning stoves? \_\_\_\_\_ smoke in the rental units? \_\_\_\_\_

Do rental units contain: smoke detectors? \_\_\_\_\_ cooking facilities? \_\_\_\_\_ space heaters? \_\_\_\_\_

Are any mortgage payments (building and contents) overdue by three months or more?  Yes  No

Are there any tax liens against the property or business?  Yes  No

Are any taxes unpaid or overdue for 1 year or more?  Yes  No

Are there any current violations of fire safety, health building or construction codes at this location?  Yes  No

Has anyone with a financial interest in this property been convicted of arson, fraud, or other crime related to loss on property owned now or during the last five years?  Yes  No

Is the mortgagee other than a federal or state chartered lending Institution?  Yes  No

**General Liability**

Are your facilities licensed to operate as a Bed and Breakfast? \_\_\_\_\_

Have your facilities been inspected in the past 12 months? \_\_\_\_\_ by whom? \_\_\_\_\_

Are you a member of an association? \_\_\_\_\_ Name \_\_\_\_\_

Any livestock on the premises? \_\_\_\_\_ describe \_\_\_\_\_

Any pets on the premises? \_\_\_\_\_ describe \_\_\_\_\_

Do you conduct any other businesses on the insured premises? \_\_\_\_\_ describe \_\_\_\_\_

Do you own any farm, wooded or vacant Land? \_\_\_\_\_ If so, type \_\_\_\_\_ #of acres \_\_\_\_\_

Location of Land \_\_\_\_\_

Are there any bodies of water on any insured premises? \_\_\_\_\_ describe \_\_\_\_\_

Are there any athletic fields or surfaces i.e. tennis courts, softball, volleyball etc. \_\_\_\_\_  
describe \_\_\_\_\_

Do you own any watercraft? \_\_\_\_\_ Type \_\_\_\_\_ Length \_\_\_\_\_ Horsepower \_\_\_\_\_

Is your watercraft insured elsewhere? \_\_\_\_\_

Do you rent, loan or furnish any recreational equipment i.e. skis, bicycles, boats, mopeds, three wheelers,  
snowmobiles etc? \_\_\_\_\_ describe \_\_\_\_\_

Do you offer or provide any of the following (answer each yes or no):

Work-out facilities \_\_\_\_\_ Horsebackriding \_\_\_\_\_

Tanning facilities \_\_\_\_\_ Tour service i.e. hiking, biking \_\_\_\_\_

Swimming \_\_\_\_\_ Dance floor \_\_\_\_\_

Hot tub or whirlpool \_\_\_\_\_ Loaner or rental autos \_\_\_\_\_

Day Care facilities \_\_\_\_\_ Athletic equipment \_\_\_\_\_

Playground equipment \_\_\_\_\_

Fully describe all answered "yes" \_\_\_\_\_

\_\_\_\_\_

Alcoholic Beverages: Do you furnish or make them available? \_\_\_\_\_ if yes:

To guests only? \_\_\_\_\_ To guests and nonguests? \_\_\_\_\_ Types: Wine \_\_\_\_\_ Beer \_\_\_\_\_ Liquor \_\_\_\_\_

Do you have a Liquor License? \_\_\_\_\_ Gross annual sales \_\_\_\_\_

Do you hire any of the following which are not covered by Worker's Compensation Insurance (answer each yes or no):

Employees that live on your premises \_\_\_\_\_ casual contemporary workers \_\_\_\_\_

Independent contractors \_\_\_\_\_ if yes, explain \_\_\_\_\_

Crime (complete only if the applicable crime coverage is requested)

Safe Deposit box: type of safe \_\_\_\_\_ Class of safe \_\_\_\_\_ age of safe \_\_\_\_\_

Is the safe anchored? \_\_\_\_\_ fire resistive? \_\_\_\_\_ burglar resistive? \_\_\_\_\_ protected by an alarm system? \_\_\_\_\_

describe \_\_\_\_\_

Liability for Guest Property-Premises: does each rental room have a door lock which may be locked from  
the outside? \_\_\_\_\_ do all windows have locks? \_\_\_\_\_

Theft, Disappearance and Destruction: max value of money and securities on the premises \$ \_\_\_\_\_

max value in the possession of a messenger \$ \_\_\_\_\_ how often are deposits made? \_\_\_\_\_

**AUTO COVERAGE**

COVERAGES		COVERED AUTO SYMBOLS									LIMITS OF LIABILITY				
LIABILITY INSURANCE		1	2	3	4	5	6	7	8	9	\$ ,000 PER ACCIDENT				
PERSONAL INJURY PROTECTION		5	7										OR EQUIVALENT NO FAULT COVERAGE		DED. \$
ADDITIONAL PIP		5	7										OR EQUIVALENT NO FAULT COVERAGE		DED. \$
AUTO MEDICAL PAYMENTS		2	3	4	7	8					\$ PER PERSON				
UNINSURED MOTORISTS		2	3	4	6	7					\$				
PHYSICAL DAMAGE	COMPREHENSIVE	2	3	4	7	8					AUTOS #s:		DED. \$		
	SPECIFIED PERILS	2	3	4	7	8					AUTOS #s: <input type="checkbox"/> F <input type="checkbox"/> F&T <input type="checkbox"/> F,T,W <input type="checkbox"/> LIMITED SPEC. PERILS		DED. \$		
	COLLISION	2	3	4	7	8					AUTOS #s:		DED. \$		
	TOWING & LABOR	3	7	10					AUTOS #s:						
OTHER		SPECIFY													
HIRED/BORROWED AUTOMOBILE LIABILITY		STATES			<input type="checkbox"/> IF ANY			CODE		COST OF HIRE		RATE			
EMPLOYER'S NON-OWNERSHIP LIABILITY		STATES			<input type="checkbox"/> IF ANY			CODE		NO. OF EMPLOYEES					

- COVERED AUTO SYMBOLS:
- (1) ANY AUTO
  - (2) ALL OWNED AUTOS
  - (3) OWNED PRIVATE PASSENGER AUTOS
  - (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS
  - (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE
  - (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW
  - (7) AUTOS SPECIFIED ON SCHEDULE
  - (8) HIRED AUTOS
  - (9) NON-OWNED AUTOS

**DRIVER INFORMATION** (attach a separate sheet if needed)

#	NAME (include Address, if required)	DATE OF BIRTH	DRIVERS LICENSE NUMBER	STATE	AUTO DRIVEN
1					
2					
3					
4					

**AUTO SCHEDULE** (attach a separate sheet if needed)

#	YEAR	MAKE, MODE, BODY TYPE	VIN/SERIAL #	GVW (TRUCK)	COST NEW	GARAGE LOCATION
1						
2						
3						
4						

Add'l interest: auto# \_\_\_\_\_ name and address \_\_\_\_\_ interest \_\_\_\_\_

Are any autos used to pick-up or transport guests? \_\_\_\_\_ Are guests permitted to use or rent any autos? \_\_\_\_\_

Are any autos used to give guided tours? \_\_\_\_\_ Are any other autos owned by the applicant? \_\_\_\_\_

The Proposed insured warrants 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 \_\_\_\_\_