



# 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 waterslide 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? _____#

