

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: _____
 Mortgagee/Loss Payee: _____

_____ Street City County State Zip Code
 Location 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 |
|--------|--------|----------|-----------------------|---------------------------------|--------------------------------|--------|---------------------------------|
| | | | | | | | |
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| | | | | | | | |

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 |
|--------|--------|--------------|--|-------------|-----------|-------------------|------------|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

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 _____