



UNION GENERAL

Bed & Breakfast Program

www.uniongeneralinsurance.com

PO BOX 6555
Concord, CA 94524

P: 925-671-2128 F: 925-671-0171

Applicant's Name: _____

Applicant's Contact Name: _____

Mailing Address: _____

Applicant's Contact Number: _____

Policy Renewal Date: _____

Expiring Policy # _____

General Liability

Property

Annual Sales: _____

Location Address: _____

Smoke Alarms in Rooms/Common Areas: Y or N

Construction Type: _____

Sprinklered? Y or N Security Provided? Y or N

Protection Class: _____ Square Feet: _____

Owned Autos/Contracted Transportation? Y or N

Year Built: _____ # of Stories: _____

Do any rooms have a kitchenette, wood burning stove or fireplace? Y or N

Building Updates (enter year): Plumbing _____

If yes, are fire extinguishers in place? Y or N

Roof _____ Electrical _____ Heating _____

Are animals allowed on the premises? Y or N

Building Limit: _____

Type of Cooking Exposure: _____

Business Personal Property Limit: _____

Business Income: _____ Deductible: _____

Additional Buildings

Filters, hoods, and ducts for cooking areas: Y or N

Building #2

UL-approved fire extinguishing system: Y or N

Construction Type: _____ Square Feet: _____

Additional Exposures: (please list all that apply-

Year Built: _____ # of Stories: _____

Club House, Dance Floor, Hot Tub, Lake/Pond, Park, Playground, Sauna, Massage Therapists, Swimming Pool, Tennis Courts, Vacant Land): _____

Building Updates (enter year): Plumbing _____

Roof _____ Electrical _____ Heating _____

Building Limit: _____

Business Personal Property Limit: _____

Business Income: _____ Deductible: _____

Building #3

Swimming pools unfenced or hot tubs not in compliance with Virginia Graeme Baker Pool & Spa Safety Act? Y or N

Construction Type: _____ Square Feet: _____

Non-compliance with applicable law and ordinances pertaining to licensing or codes? Y or N

Year Built: _____ # of Stories: _____

Have you declared bankruptcy within the last 5 years? Y or N

Building Updates (enter year): Plumbing _____

Roof _____ Electrical _____ Heating _____

Building Limit: _____

Business Personal Property Limit: _____

Business Income: _____ Deductible: _____

Building Ordinance or Law

Have you had any prior losses due to mold, fire, water, weather, slip & fall? Y or N

Cov. A (undamaged portion of bldg.): _____

If Yes, explain: _____

Cov. B (demolition): _____

Cov. C (incr. cost of construction): _____

*Coverage provided by Surplus Lines Insurer rated A++ XV by A.M. Best

Earthquake and Excess Liability Coverage Also Available - just ask us!

Insured's Signature: _____ Date: _____

Broker's Signature: _____ Date: _____