



# Allen Financial Insurance Group

## Bed & Breakfast Policy Application

APPLICANT INFORMATION			
<b>APPLICANT'S NAME</b> (include all firm names, trading names or DBA's under which you operate)			
Mailing Address			
City		State	Zip Code
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC Other _____			Years In Business _____
Business Phone: _____		Cell Phone: _____	FAX _____
Email: _____		Website: _____	
FEIN/SSAN # _____		Years in Business _____	Annual Revenue \$ _____
Property Location Address			
City		State	Zip Code
Effective Date: ____ / ____ / ____		Effective Date: ____ / ____ / ____	
Payment Plan: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Installments			
Number Full Time Employees: _____		Number Part Time Employees: _____	Payroll \$ _____
Number of losses in past 3 years: _____		Prior Insurance Company: _____ <input type="checkbox"/> None	
Describe Any Prior Losses:			

PRIOR CARRIER INFORMATION			
Policy Term	Insurance Company	Limit of Liability	Annual Premium
		\$	\$

**GENERAL INFORMATION**

- |  |  |
|--|--|
| 1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do you own any other properties or business operations under this legal entity?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Do you Sponsor any sporting or social or athletic events?<br>If yes: <input type="checkbox"/> Financial only <input type="checkbox"/> Other _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have any operations been sold, acquired or discontinued in the past 5 years?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Any bankruptcies, tax or credit liens in the past 5 years?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Is your building under construction/renovation/remodel?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Is your business? <input type="checkbox"/> Operated Year Around <input type="checkbox"/> Seasonal   |  |
| 7. Are any buildings listed on a historic registry?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**LIABILITY SECTION**

**A. Limits of Liability (per claim/annual aggregate)**

- \$1,000,000 / \$2,000,000  
 \$500,000 / \$1,000,000

**B. Excess Liability Coverage**

- \$1,000,000  \$2,000,000  
 \$3,000,000  \$4,000,000  
 \$5,000,000

- |   |  |
|---|--|
| 1. Do you need Personal Liability coverage in addition to Commercial Liability? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. If YES do you own and other residence or vacation property                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Do you have other personal liability coverage for these properties?          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Is this your primary residence?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do you rent or lease your equipment to others?                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Do you have emergency lighting in all corridors and bedrooms?                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Do you have two means of egress from all floors?                             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Do you owner or employee have any pets on premises?<br>If Yes describe:      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Do you carry Workmen's Compensation Coverage?                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Do you have a liquor license or sell alcohol?                                | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Do you conduct events with over 100 spectators?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Certificate Holder /  Additional Insured /  Loss Payee

NAME \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

### GUEST INFORMATION

Total Number of units for guest rental: _____	Maximum guest capacity: _____
Do you have "do Not Disturb" signs in each guest room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your employees present overnight when guests are registered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you allow pets?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### GUEST ACTIVITIES / SERVICES

Hiking / Nature Tours	<input type="checkbox"/> YES <input type="checkbox"/> NO	Baby Sitting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Historic Tours	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cross Country Skiing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Boating	<input type="checkbox"/> YES <input type="checkbox"/> NO	Beauty Salon / Spa Services	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sea Kayak Tours / Rentals	<input type="checkbox"/> YES <input type="checkbox"/> NO	Retail Store or Gift Shop	<input type="checkbox"/> YES <input type="checkbox"/> NO
River Tubing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Horseback Riding	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bike Rental	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hunting / Shooting	<input type="checkbox"/> YES <input type="checkbox"/> NO
Swimming Pool	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hay, Wagon or Sleigh Rides	<input type="checkbox"/> YES <input type="checkbox"/> NO
Special Events	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please Describe: _____	
Do you require guests to sign a liability release for recreational activities?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
List safety procedures and attach release forms and safety guidelines			
Special event supplements required			

### FOOD SERVICE OPERATIONS

Do you have an automatic extinguisher system over cooking surfaces?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have automatic fuel shut off to stove?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a maintenance contract to clean your duct system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have one or more fire extinguishers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a service agreement for your fire extinguishers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any deep fat fryers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the deep fat fryer covered by an automatic extinguishing system?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### SERVICE OPERATIONS

Special Events, Weddings, Conferences?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you provide catering for these functions	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Do you provide liquor for these functions	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you collect certificates / additional insured endorsements from vendors operating on your premises?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you operate a restaurant, bar or lounge on your premises?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, is it open to the general public (Liquor Supplement Required)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

**PROPERTY SECTION**

Building Replacement Value \$ _____		(If coverage for building is desired)	
Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		Protection Class _____	
Building Square Footage _____		Square Footage You Occupy _____	
Age of Building _____	Number of Stories _____	Type of Construction <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Incombustible	
Sprinklered? <input type="checkbox"/> YES <input type="checkbox"/> NO	Local Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO	Monitored Alarm System? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Other Occupancies _____			
Is distance to responding fire station? _____		Paid Staffed Department: <input type="checkbox"/> Volunteer: <input type="checkbox"/>	
Distance to fire Hydrant? _____			
Other water sources: <input type="checkbox"/> Pool <input type="checkbox"/> Pond / Lake <input type="checkbox"/> Water Tank <input type="checkbox"/> Other _____			
Is property within 1000 ft of commercially navigable body of water ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is Are there buildings with limited access due to forest, terrain or season ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is there cleared space from forest and brush fire areas of at least 150 feet ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is property within 1000 ft of commercially navigable body of water ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have any wood burning stoves? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you allow smoking within buildings? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does any building have knob and tube or aluminum wiring? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have power generating equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>PERSONAL PROPERTY COVERAGE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Business Personal Property	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Scheduled Equipment	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Unscheduled Equipment	\$ _____	Replacement Cost? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Short Term Equipment Rental	\$ _____	
Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000		

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.**

**SIGNATURE AND AGREEMENTS**

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

**NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.**

PRODUCING INSURANCE AGENT		
Agency:		Date:
Producer Contact:		
Producer Email:	Carrier:	
Producer Telephone:		

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