

Allen Financial Insurance Group

13880 N. Northsight Blvd., Suite C109 | Scottsdale, AZ 85260 Toll Free: (800) 874-9191 Fax: (602) 992-8327 Contact Us: www.eqgroup.com

BED & BREAKFAST APPLICATION

SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- The liability waiver / hold harmless agreement you require your guests to sign, if applicable
- Currently valued insurance company loss runs for the current policy period plus three prior years. If unavailable, provide a no loss letter signed by the Applicant.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.)

	GENERAL IN	FORMATION			
Named Insured:					
Principal Contact:					
Mailing Street Address:					
Mailing City:		Stat	te:	Zip:	
Location Street Address:					
Location City:	County:	Stat	te:	Zip:	
Phone Number:		Fax Number:			
Website: www.					
Risk Management Contact:	Risk Management's Phone:				
Risk Management Email:					
Business Form: Corporation	Partnership	Individual	LLC	Other:	
Effective Date:					
Limit of Liability requested:				\$ 300,000 Occurrence	
				\$ 500,000 Occurrence	
				\$ 1,000,000 Occurrence	
 Do you operate any other busines 	ss from this loca	ation?		Yes No	
What is the legal name of this but	siness?				
If yes, type of entity:					
Corporation Partnersl	nip Indivi	dual LLC	Other	:	
Description of other business:					

PRIOR CARRIER INFORMATION					
	Insurance Carrier	Limits of liability	Premium		
Last Year		\$	\$		
Two Years Ago		\$	\$		
Three Years Ago		\$	\$		

ADDITIONAL INSUREDS, if necessary use another sheet of paper				
Name	Complete Address	Interest		

PRODUCING INSURANCE AGENT

AGENCY: CONTACT: ADDRESS:

TELEPHONE: FAX:

E-MAIL:

THIS IS AN APPLICATION FOR INSURANCE. THIS IS NOT A BINDER OF INSURANCE.

1. Distance to fire station? 2. Is the responding fire department staffed or volunteer 3. Distance to fire hydrant? 4. Are there other fire control water sources available? Pool Pond / Lake Water Tank Other: 5. Are there buildings at your facility with limited access due to forest, terrain or season? 6. Are your buildings located in heavily wooded areas? 7. Is the clearing from forest / wooded areas greater than 150 feet? 8. Is your business operational year round? 9. Does owner / employee live on the premises? Owner 9. Does owner / employee live on the premises? Owner 10. Does owner / employee have any pet(s) on the premises? 11. Are your buildings occupied year round? 11. Are your buildings occupied year round? 12. Is your buildings occupied year round? 13. Is there a caretaker on site Yes No or contracted? Yes No If no, is there a caretaker on site Yes No or contracted? Yes No If no, are buildings winterized? 12. Are there smoke alarms in all corridors and bedrooms? 13. Is there a CO alarm installed? 14. How many floors does your main building have? 15. Do you have emergency lighting in all corridors and bedrooms? 16. Do you have two means of egress from all floors? 17. Building updates: 18. Electrical wiring Yes, year No Heating system Yes, year No 19. Do any buildings have any ACTIVE Knob & Tube and / or Aluminum wiring? Yes No 19. Do you have wood burning stoves or fireplaces? 19. Do you have wood burning stoves or fireplaces? 11. Jo you allow snoking inside any buildings? 12. Maximum guest capacity is: 13. Do you allow snoking inside any buildings? 14. Do you have wend pure for puest rentals? 25. Maximum guest capacity is: 36. Do you have bot Not Disturb* signs adequately supplied in each room? 36. Do you have bot Not Disturb* signs adequately supplied in each room? 37. Yes No 38. Do you allow puest? 38. No Heating you have 'Pool Not Disturb* signs adequately supplied in each room?		PROPERTY SECTION		N/A
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8. Do any buildings have any ACTIVE Knob & Tube and / or Aluminum wiring? Yes No If yes, list building numbers: 9. Do any buildings have cooking facilities? Yes No If yes, list building numbers: 10. Do you have wood burning stoves or fireplaces? Yes No If yes, are the chimneys and flues cleaned annually? Yes No 11. Do you allow smoking inside any buildings? Yes No Wes No GUEST QUARTERS 1. Total number of units for guest rentals? 2. Maximum guest capacity is: 3. Do you allow pets? Yes No 4. Do you have "Do Not Disturb" signs adequately supplied in each room? Yes No		•		
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 Maximum guest capacity is: Do you allow pets? Do you have "Do Not Disturb" signs adequately supplied in each room? Yes No Yes No				
3. Do you allow pets? Yes No4. Do you have "Do Not Disturb" signs adequately supplied in each room? Yes No		Total number of units for guest rentals?		
4. Do you have "Do Not Disturb" signs adequately supplied in each room? Yes No				
				No
5. Are you or your employee present overnight when guests are registered? Yes No				No
	5.	Are you or your employee present overnight when guests are registered?	Yes	No

ACTIVITIES INFORMATION

Actual Total Receipts for Prior 12 Months: Estimated Total Receipts for Next 12 Months:

Activities Conducted	# of Guides	# of Units	User Days	Revenues
Hiking / Nature Tours				\$
Horseback Riding				\$
Hay, Sleigh or Wagon Rides				\$
Bike Rentals				\$
Boating				\$
Sea Kayak Tours / Rentals				\$
Water skiing				\$
Jet Skis or Wave Runners				\$
River Tubing				\$
Cross Country Skiing				\$
Historic Tours				\$
Day Care / Baby Sitting				\$
Other, describe:				\$

1. Do you require your guests to sign a liability waiver for recreational activities? Yes No 2. How many years have you been in business under current name and location? Years 3. Do you hire sub-contractors? Yes No If yes, for what activities:

If yes, do you obtain proof of insurance? Please attach certificates. Yes No

4. List safety procedures and / or attach safety guidelines:

RETAIL OPERATIONS

N/A

N/A

No

1. Do you have retail operations for any of the following?

General Store Liquor Store

What are your total gross sales from retail operations? Do you sell any products under your own name (food, snacks, shirts, souvenirs,

etc.)

Yes No

\$

\$

\$

POOL AND SWIMMING OPERATIONS

1. How many of each: Pools Lakes Other: 2. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool

and Spa Safety Act? If no, provide a timetable and action plan: Yes

3.	Are your swimming facilities open to the general public?	Yes	No
4.	Fenced?	Yes	No
5.	Diving Board?	Yes	No
6.	Locking Gate?	Yes	No
7	Is the depth of pool marked?	Vac	No

7. Is the depth of pool marked? Yes No 8. Are life rings or buoys provided? Yes No 9. Pool rules posted? Yes No

10. Is there signage "No life guard, swim at your own risk, no diving"? Yes Nο 11. Do you have a waterslide? Yes No

If yes, what is the length & height of slide? Length / Height

	FOO	D SERVICE	OPERATIONS		N/A
1.	Do you have an automatic extinguishir	ng system o	ver the cooking surface?	Yes	No
2.	Do you have automatic fuel shut-off to		· ·	Yes	No
3.	Is there a maintenance contract to clear	an your duc	t system?	Yes	No
4.	Do you have one or more fire extinguis		·	Yes	No
5.	Do you have a service agreement for y		iishers?	Yes	No
6.	Do you have any deep fat fryers?	, ,		Yes	No
7.	Is the deep fat fryer covered by an aut	omatic extir	nguishing system?	Yes	No
		CEDVICE O	DEDATIONS		NI/A
	•	SERVICE U	PERATIONS		N/A
1.	Do you host any of these events? Weddings	Yes	No	Annual Reve	enues
	Conferences	Yes	No	\$	
	Special events, describe:	Yes	No	\$	
2.	Do you provide the catering at these fu	unctions?		Yes	No
3.	Do you provide the liquor at these fund			Yes	No
٠.	If no, do you collect certificates from the		that work on your premises?	Yes	No
4.	Is there a restaurant, bar or lounge on		, .	Yes	No
	If yes, is it open to the general public?			Yes	No
5.	What are your liquor sales?			\$	
6.	What are your restaurant sales, not inc	cludina liaud	or?	\$	
7.	What percentage of restaurant and liqu	• •		*	
			- 1		0/

If requesting Liquor Liability, you must complete the Liquor Liability Supplemental Application.

PERSONAL LIABILITY If requesting Personal Liability you must complete this section.	N/A
., .	
Do you own any other residences or vacation properties?	es No
Do you have any Personal Liability coverage with the insurance for these	
properties?	es No
Are there any dogs on this premise?	es No
If yes, list breed(s):	
Is the bed & breakfast on this application your primary residence?	es No
Do you have firearms kept on the premises?	es No
If yes, describe how / where they are stored:	
List all family members / dependents living with you at this location and their ages.	
Name Age	
	If requesting Personal Liability you must complete this section. Do you own any other residences or vacation properties? Do you have any Personal Liability coverage with the insurance for these properties? Are there any dogs on this premise? If yes, list breed(s): Is the bed & breakfast on this application your primary residence? Do you have firearms kept on the premises? If yes, describe how / where they are stored: List all family members / dependents living with you at this location and their ages.

	LOSS HISTORY				
Date	Description of Incident	Amount Paid / Reserved			
		\$			
		\$			
		\$			

Do you have knowledge of any incident which may lead to a claim?

Yes

No

the resort?

%

WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1.	Fire Protection and Testing a. Is the building provided with an Automatic Fire Sprinkler System (AS)? i. If yes, approximately what percentage (%) of the building is sprinklered? ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum	Yes % Both	No	N/A
	temperature? 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):	Yes	No	N/A
	iv. If yes, is the testing & inspection by qualified sprinkler contractor completed	Vac	Nia	NI/A
	within past 12 months & includes a formal winterization review? v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?	Yes Yes	No No	N/A N/A
2.	Emergency Water Response (domestic and AS water lines)	. 00		
	a. Are water shutoff valves (domestic and AS water lines) marked and readily			
	accessible?	Yes	No	N/A
	b. Are water shutoff valves exercised (closed and reopened) at least annually?c. Is the staff qualified to respond and shut off the water main during normal business	Yes	No	N/A
	hours and off hours?	Yes	No	N/A
3.	Automatic Water Shutoff Devices			
	a. For domestic water lines, is there a water flow detection, notification and automatic	.,		
4	shutoff? Unused/Vacant Spaces	Yes	No	N/A
4.	a. Does Applicant have a formal process to turn off and drain domestic water lines for			
	these spaces?	Yes	No	N/A
5.	Unheated Areas (attics, crawl spaces, exterior wall joists)			
	 a. Are all domestic water lines located in areas heated to at least 45°F? i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): 	Yes	No	N/A

6. General Comments:

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the auote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy. *Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).

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APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)	TITLE (MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)
SIGNATURE	DATE
SECTION TO BE COMPI	LETED BY THE PRODUCER/BROKER/AGENT

PRODUCER (If this is a Florida Risk, Producer means Florida Licensed Agent) AGENCY

PRODUCER LICENSE NUMBER (If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



Allen Financial Insurance Group 13880 N. Northsight Blvd., Suite C109 | Scottsdale, AZ 85260 Toll Free: (800) 874-9191 Fax: (602) 992-8327

Contact Us: www.eqgroup.com

CYBER SECURITY LIABILITY ENDORSEMENT - SUPPLEMENTAL **QUESTIONNAIRE**

City: Webs	ite: w	ww:	ations:	State: Zi	р:	
1.	Anr	nual	sales or revenue: \$			
2.	bel	ongii	e Applicant collect, store or otherwise handle any Persing to customers, clients, or other third parties, other that lease indicate the types of Personally Identifiable Inform	in employees?	Yes	No
		a.	Social Security Numbers, Bank or Other Financial Accorder State Identification Numbers	count Details, Driver's License or		
		b.	Non-public Medical or Healthcare Data, including Pro-	tected Health Information (PHI)		
		C.	Credit or Debit Card Information			
3.	a.	daı	ring the last three (3) years, has anyone alleged that the mage to their computer system(s) arising out of the opertem(s)?		Yes	No
	b.	law	ring the last three (3) years, has anyone made a dema rsuit against the Applicant alleging invasion or interfere ppropriate disclosure of Personally Identifiable Informa	nce of rights of privacy or the	Yes	No
	C.		ring the last three (3) years, has the Applicant been the ion by any regulatory or administrative agency for priva		Yes	No
	d.		he Applicant aware of any circumstance that could read im being made against them for the coverage being ap		a Yes	No

Name of Applicant:

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The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

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(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

PRODUCER