



Allen Financial Insurance Group

Supplemental Application for

BED & BREAKFAST and COUNTRY INNS

Named Insured: _____
Contact Name: _____ Telephone #: _____
Website: _____ E-Mail: _____

**Attach copy of brochure and/or promotional materials

General Information

1. Number of guest rooms: _____ Number of guest buildings: _____
Number of guest rooms in each building: _____
Number of guest rooms on each floor of the building: _____
2. Number of Employees (including owners): _____
3. Is your business seasonal? _____ If YES, please explain: _____

4. Is your business open for less than 12 consecutive weeks? _____
If YES, please explain: _____
5. Does the owner and/or manager of the operations live in the same building as the guests? _____
6. Please indicate whether the property is protected by the following:
____ Fire and/or smoke alarm is connected to the owner and/or manager's residence
____ Central station fire/smoke alarm system
____ Sprinkler system
____ Central station sprinkler alarm system
____ Burglar alarm system
____ Central station burglar alarm system
7. Is there direct means of egress to the outside of the building from all guest rooms on the first floor via windows or doors? _____
If NO, please explain: _____

8. If the building is more than one story in height is there a secondary means of egress via a window or door to a balcony, or fire escape? _____ If NO, please explain: _____

9. Is emergency lighting included in all guest rooms? _____
 10. Do you have written procedures and instructions for the emergency evacuation of the premises posted in each guest room? _____ If NO, please explain: _____
 11. Do all guest rooms have smoke and heat detectors? _____ If NO, please explain: _____
 12. Is there "knob & tube" type electrical wiring that is still used on the premises? _____
 13. Provide breakdown of receipts for the following categories:
 Rooms: _____ Restaurant: _____ Liquor: _____
 Gift Shop: _____ Catering: _____
 Special Events: _____ Other: _____
- Please provide description of "special events" or "other" (i.e. type of activity - frequency, # of attendees, location, etc): _____

14. Are there any cooking appliances situated in the guest rooms? _____
 If YES, please describe: _____
 15. Do you have a liquor or wine license? _____ If YES, please describe what type of beverages are served: _____
 _____ Do your servers receive training (i.e. TIPS program)? _____ Do you sell "carry-out" liquor, beer, or wine to the public? _____
 16. Average daily cost for room rental: _____ Are meals included in the room rental? _____ If YES, indicate the meals that are included: ___Breakfast; ___Lunch; ___Dinner; ___Box Lunches
 17. Do you provide a safe for your guest's property? _____
 18. Do you have a formal procedure in place for the reporting or recording of potential liability claims? _____ If YES, please describe: _____

 19. Do you allow smoking in the premises and guest rooms? _____
 20. Do you have any pets or farm type animals that are on the premises? _____ If YES, please provide the number, type, and/or breed of animal: _____
 Do you maintain records of required inoculations? _____

21. Are guests allowed to bring their animals on the insured premises? _____ If YES, are there written rules regarding the supervision of the animals? _____ If YES, attach a copy of the rules.

22. Do you have any wood fireplaces or stoves on your premises? _____ If YES, please identify where located and the number: _____

How often are the stoves and chimney flues inspected and cleaned?

23. Do you have space heaters located in guest rooms? _____ If YES, please describe: _____

24. Are you a member of any trade associations? _____ If YES, please identify: _____

25. Please identify all items or activities that exist for your business operations:

- | | |
|--|---|
| <input type="checkbox"/> Hay or Sleigh Rides | <input type="checkbox"/> ATV's |
| <input type="checkbox"/> Day Care Facilities | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Hot Tubs or Saunas | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Playground Equipment | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Weight Room/Exercise Equipment | <input type="checkbox"/> Recreational Fields |
| <input type="checkbox"/> Snow Skiing | <input type="checkbox"/> Snowmobiles |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Mopeds |
| <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Watercraft (motorized) |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Watercraft (non-motorized) |
| <input type="checkbox"/> Bicycles/Biking | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Swimming Pools | <input type="checkbox"/> Weddings |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Water Rafting |
| <input type="checkbox"/> Skeet or Shooting Range | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Trampolines | <input type="checkbox"/> Special Events (describe): |
| <input type="checkbox"/> Guide/Tour Services (describe): | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Do you have "partnership" agreements with other entities to provide any of the above activities? _____ If YES, please describe: _____

Do you obtain certificates of insurance (general liability, auto liability, workers compensation) from these entities? _____

Are you included as an additional insured on their policies? _____

Do you have a written agreement with these entities that they will hold you harmless for any injuries, etc.? _____

26. If you have cross country skiing, bicycling, or boating activities do you obtain signed liability waivers from your guests? _____ If YES, attach copy of a sample waiver form.

27. For water sports activities, are flotation devices provided? _____

28. Do you provide live entertainment and/or dancing facilities? _____
If YES, please describe (i.e. type of entertainment, frequency, square footage of dance area, etc.): _____

29. Do you do any catering off premises? _____ If YES, please explain (i.e. type of occasion, frequency, serve liquor): _____

30. Do you rent any of your facilities to others? _____ If YES, please describe: _____

31. Does the business personal property include antiques or high valued items? _____ If YES, do you have current (within past 12 months) appraisals for these items? _____ If YES, please provide a copy of the appraisals.

Swimming Areas (i.e. Pools & Beachfront)

If you have a swimming pool or beachfront activities, please provide the following information:

1. Do you provide Lifeguards? _____ Are they certified? _____

2. What are the hours that the pool is available to guests: _____

3. Depth of water: _____ Are there depth indications on the pool? _____ What are the pool dimensions?: _____

4. Are there any diving boards or platforms, slides, or other recreational items included with the pool ? _____ If YES, please describe: _____

5. If there is a swimming pool, is it protected by a fence? _____
How high is the fence?_____ Is the fenced area locked
when the pool is not available for use? _____
6. Is life saving equipment readily accessible at all times?_____

Restaurant or Cooking

Do you have a restaurant or cooking exposure? _____ If YES, please provide the following information:

1. Is the restaurant open to the public? _____ What are your hours of operation? _____
2. What is the seating capacity? _____
3. Do you have a separate Bar area? _____ If YES, what is the seating capacity? _____ What are the hours of operation?

4. Please indicate the type of cooking equipment that is used:
___Grill ___Deep Fryer ___Broiler ___Range/Oven
___Other (Describe:_____)
5. Is the cooking area equipped with a hood extinguisher system?
_____ If YES, when was the system installed?:_____
6. Does the hood system cover all cooking surfaces? _____ If NO, please indicate uncovered items:_____
7. Are the cooking appliances equipped with automatic fuel/power shut-offs? _____
8. Are the deep fryers equipped with low level automatic fuel/power shut-offs? _____
9. Do you have a service maintenance & cleaning contract for the hood system? _____ If Yes, how frequently (i.e. every 3 months):_____
Name of service company:_____
10. Do you clean/service the hood filter system on a regular basis? _____ If YES, please describe:_____



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THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

I/We hereby declare that the above statements and information are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts.

Signature of Proposed Insured

Signature of Agent/Broker

Printed Name

Printed Name

Date: _____

Date: _____

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BED & BREAKFAST and COUNTRY INNS PROGRAM

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