



BED & BREAKFAST APPLICATION

APPLICANT

- 1. Name of Applicant _____

- 2. Mailing Address _____

- 3. Location of Risk _____

- 4. Website address _____
- 5. Loss Payee's Name & Address (Include Postal Code) _____

BUSINESS INFORMATION

- 6. Number of Years in Business _____ Number of Years at Present Address _____
- 7. Hydrant Protected _____ Firehall Protected _____ Unprotected _____
(Within 1,000 ft) (Within 5 miles)
- 8. Anticipated receipts for year _____ Actual receipts for previous year _____
- 9. Months Rooms are Available Year Round Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
(Circle appropriate one(s))
Total Rooms Available _____
- 10. Is Breakfast Served _____ Other Meals (Specify) _____
Is Liquor Served _____ Other Services _____
- 11. Check activities offered to you guests:

<input type="checkbox"/> Boats w/engines	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sleigh Rides
<input type="checkbox"/> Boats w/o engines	<input type="checkbox"/> Whitewater Rafting	<input type="checkbox"/> Upland/Waterfowl Hunting	<input type="checkbox"/> Snowmobiles
<input type="checkbox"/> Houseboats	<input type="checkbox"/> Rafting	<input type="checkbox"/> Hiking/Backpacking	<input type="checkbox"/> Swimming, Hot Tubs
<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Trap, Skeet, Sport Clays
<input type="checkbox"/> Personal Watercraft Sea-Doos or Waverunners	<input type="checkbox"/> River Tubing	<input type="checkbox"/> Hay Rides	<input type="checkbox"/> Bicycles
<input type="checkbox"/> Cross Country Skiing	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Other: _____	

12. Does Owner Live on Premises _____
13. Construction Details Year Built _____ Number of Storeys _____
 Construction of Walls _____ Floor _____ Roof _____
 If built over 20 years ago, indicate year of update for Electrical _____ Heating _____
 Plumbing _____ Roof _____
14. Alarm System, describe _____
 Class of Safe _____
15. State all Losses or Claims by the Applicant in Last Five (5) Years _____

16. Has any Insurer Cancelled, Declined or Refused to Renew or Issue Insurance in Last Five (5) Years

COVERAGES

17. Coverages Required	Limit Required	Premium
Main Building	_____	_____
Outbuildings	_____	_____
Contents	_____	_____
Additional Living Expenses	20% of Main Building	Included
Rents	_____	_____
Gross Earnings (80%)	_____	_____
Legal Liability	_____	_____
Crime Inside/Outside	_____	_____
Broad Form Money	_____	_____

(Note: Must buy Building & Contents to obtain Additional Living Expense Coverage)

18. Additional Coverages	Limit Required	Premium
Accounts Receivable	_____	_____
Valuable Papers	_____	_____
Extra Expenses	_____	_____

19.	Scheduled Property	Limit Required	Deductible	Premium
	Bicycles			
	Business Equipment	_____	_____	_____
	Coin Collections	_____	_____	_____
	Collectible Cards	_____	_____	_____
	Fine Arts	_____	_____	_____
	Firearms	_____	_____	_____
	Furs	_____	_____	_____
	Garden Tractors	_____	_____	_____
	Golf Carts	_____	_____	_____
	Jewelry	_____	_____	_____
	Musical Instruments	_____	_____	_____
	Personal Computers/Software	_____	_____	_____
	Personal Effects	_____	_____	_____
	Photographic Equipment	_____	_____	_____
	Portable Radios and TV	_____	_____	_____
	Portable Telephones	_____	_____	_____
	Satellite Receivers	_____	_____	_____
	Silverware	_____	_____	_____
	Sports Equipment	_____	_____	_____
	Stamp Collections	_____	_____	_____
	Tools (Personal Use)	_____	_____	_____
	TV Antenna	_____	_____	_____
	Wheelchairs	_____	_____	_____

Note: Attach Full Completed Schedule for Any of the Above Items, Coverage Not in Effect Until Received
Independent appraisals are required on Coins, Fine Arts, Furs, jewellery, stamps, & collectable cards in order to bind.
Appraisals must be less than 3 years old.

17. Effective Date of Coverage _____

18. Insurance Broker's Name _____

Address of Broker

Phone No. of Broker _____

FAX No. of Broker _____

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

Protection and Electronic Documents Act (PIPEDA)

Print name of proposed insured

Signature of Applicant & Title

Date

Signature of Broker

Date

Signature of Witness

Date