

**SPECIALTY APPLICATION**

Bed & Breakfast/Vacation Rental/Owner Event Venue Application

Agent Code: \_\_\_\_\_

Named Insured: \_\_\_\_\_

DBA: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Web Address: \_\_\_\_\_

Other Insured(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City County State Zip Code

Effective Date Desired: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(1 year term)

<b>*PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS</b>					
Year	Carrier/Policy Number Premium	Coverage	Losses	Amount	Description of Losses, Date of Loss, Preventative Measures <small>(Use separate sheet if necessary)</small>

**\*A credit may be available to the applicant if a copy of their prior carriers declarations page is attached to this application.**

Has insurance been cancelled, refused or non-renewed by any company during the past three years?  No  Yes  
 - If yes, give name of company, date and reason. \_\_\_\_\_

Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Years in Operation: \_\_\_\_\_ Years of Experience: \_\_\_\_\_ How long has applicant owned the property? \_\_\_\_\_

Mortgagee/Loss Payee: \_\_\_\_\_ Loan # \_\_\_\_\_

Street City County State Zip Code

Risk location(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Street City County State Zip Code

**COVERAGES**

**Property - Deductible Options:**  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000

Loc. #	Bldg. #	Limit of Insurance on building <small>(RC-90% Required)</small>	Supplemental Heat Surcharge	Occupancy or use of building	Contents Limit

**Optional Property Coverages –**

- Business Income Limit \$ \_\_\_\_\_
- \$25,000 Equipment Breakdown
- Scheduled Contents *(Attach listing or appraisal as required)* Limit \$ \_\_\_\_\_
- Property Coverage Extension Endorsement (Special Form)

**Liability**

Limit Requested: \$ \_\_\_\_\_ Occurrence/ \$ \_\_\_\_\_ Aggregate *(Other Liability limits will be based upon those selected)*

**Total number of Rental Rooms** \_\_\_\_\_

*Note: Personal Liability coverage is included upon purchase of CGL and **only applies if owner resides on premises year round.***

**Optional Liability Coverages -**  Personal Injury  Host Liquor Liability  Restaurant Liability – Gross Receipts \$ \_\_\_\_\_

Medical Payments –  \$1,000  \$2,500  \$5,000  \$10,000

**UNDERWRITING INFORMATION**

**Exposures**

Property (Complete for all covered buildings)

Loc. #	Bldg. #	# of Stories	Square Footage	Construction Type (Frame, Masonry, Stucco, Log, etc.)	Prot. Class	Spkl. Y/N	# of Rental Units	Year Built	Update Years: Roof, Electric, Plumbing, & Heating

**Neighborhood:**  Residential  Mfg/Industrial  Retail/Commercial

**Type:**  Rural  Coastal (Distance \_\_\_\_\_)\*  Other: \_\_\_\_\_

**\*I hereby acknowledge that the "WINDSTORM/HAIL COVERAGE GUIDELINES" have been explained to me and I understand the limitations &/or exclusions that may apply to my coverage.  Yes  No, Applicants Initials \_\_\_\_\_**

Is your operation within 50 miles of the Gulf of Mexico or Atlantic Ocean?  Yes  No

**Condition:**  Stable  Improving  Deteriorating

- Do you have any active Knob & Tube &/or Aluminum wiring in your facility?  Yes  No
- Do you have a fuse box instead of a breaker box anywhere in your facility?  Yes  No
- Are you currently doing renovations &/or repairs to your facility?  Yes  No
- Are you planning any renovations &/or repairs to your facility?  Yes\*  No

\* If Yes, the contractor performing the work must carry a minimum of \$1 million liability coverage, you must also provide a description of the work being done. \_\_\_\_\_

Explain all Yes answers: \_\_\_\_\_

Is dwelling on a slope?  Yes  No Degree of slope? \_\_\_\_\_ If over 30° angle risk is unacceptable.

**Premises occupied by:**  Owner  Innkeeper/Manager\*  Other: \_\_\_\_\_

\*(Indicate years of Experience of the Innkeeper/Manager if not the owner \_\_\_\_\_)

Does the property owner reside on the premises full time?  Yes  No, If No, Explain \_\_\_\_\_

Is the risk operational year round?  Yes  No, Explain if No \_\_\_\_\_

Does an owner/manager occupy the habitational buildings overnight where guests are present?  Yes  No

**If No to above, (✓) applicable life safety measures below that are in place:**

- Sprinklers in building:
- Smoke alarms hardwired to fire department either directly or via a central station with under a 5 minute response time to premise:
- Smoke alarms hardwired to the overnight area of the innkeeper/manager either directly or via a central station:
- Smoke alarms hardwired to an outside siren audible by the innkeeper / manager:
- Direct means of egress from each 1st floor bedroom via a window or door:
- Direct means of egress from each 2nd floor bedroom via each window to a balcony or fire escape:  
Is there a second separate (i.e. second stair way) means of egress for 3rd or 4th floor guestrooms?  Yes  No

Name of Responding Fire Department: \_\_\_\_\_ Distance from Fire Department: \_\_\_\_\_

Distance from Hydrant: \_\_\_\_\_

What is the total revenue earned from rentals? \$ \_\_\_\_\_ What is your average nightly rental charge? \$ \_\_\_\_\_

Do you have any antiques, heirlooms or fine arts?  Yes  No, If Yes, is any one item valued over \$15,000?  Yes  No

Does each guest unit have a door lock, which may be locked from the outside?  Yes  No Do all windows have locks?  Yes  No

Do you maintain a restaurant facility?  Yes  No, If yes, gross receipts \$ \_\_\_\_\_

Indicate the following cooking exposures that apply:

Electric	Gas		Under hood	Not Under hood	Fuel Power Shut-Off		Surface Protection	
					Yes	No	Yes	No
_____	_____	Grill	_____	_____	_____	_____	_____	_____
_____	_____	Deep Fryer	_____	_____	_____	_____	_____	_____
_____	_____	Broiler	_____	_____	_____	_____	_____	_____
_____	_____	Range w/ Oven	_____	_____	_____	_____	_____	_____
_____	_____	Oven	_____	_____	_____	_____	_____	_____
_____	_____	Steam Table	_____	_____	_____	_____	_____	_____
_____	_____	Coffee Maker	_____	_____	_____	_____	_____	_____
_____	_____	Toaster	_____	_____	_____	_____	_____	_____
_____	_____	Infrared Oven	_____	_____	_____	_____	_____	_____
_____	_____	Other (describe)	_____	_____	_____	_____	_____	_____

Is gas safety shut off marked?  Yes  No  None Exists      Is gas safety shutoff known by employees?  Yes  No

Protection Devices:  Sprinklered  Local Security Fire Alarm  Central Station Security Fire Alarm  Other: \_\_\_\_\_

How often is equipment inspected and maintained? \_\_\_\_\_

Describe maintenance program: \_\_\_\_\_

Number of fireplaces \_\_\_\_\_ wood burning stoves \_\_\_\_\_ Are any located in the rental units?  Yes  No

Are guests permitted to: operate fireplaces or wood burning stoves?  Yes  No

Are guests allowed to smoke in any building on premises?  Yes  No

Do all rental units contain smoke detectors?  Yes  No

Do any rental units have cooking facilities?  Yes  No

Do any rental units utilize space heaters?  Yes  No

Are any mortgage payments (building and contents) overdue by three months or more?  Yes  No

Are there any tax liens against the property or business?  Yes  No

Are any taxes unpaid or overdue for 1 year or more?  Yes  No

Are there any current violations of fire safety, health building or construction codes at this location?  Yes  No

Has anyone with a financial interest in this property been convicted of arson, fraud, or other crime related to loss on property owned now or during the last five years?  Yes  No

Is the mortgagee other than a federal or state chartered lending Institution?  Yes  No

Explain all Yes answers \_\_\_\_\_

**General Liability**

Are your facilities licensed to operate as a Bed and Breakfast?  Yes  No

Have your facilities been inspected in the past 12 months?  Yes  No, by whom? \_\_\_\_\_

Any livestock on the premises?  Yes  No, describe \_\_\_\_\_

Any pets on the premises?  Yes  No, describe \_\_\_\_\_

Do you conduct any other businesses on the insured premises?  Yes  No If yes, what type of business? \_\_\_\_\_

Is there any foot traffic for any additional businesses?  Yes  No

Do you have insurance for the additional business?  Yes  No

Do you own any farm, wooded or vacant Land?  Yes  No, If Yes, type \_\_\_\_\_ #of acres \_\_\_\_\_

Are there any bodies of water on any insured premises?  Yes  No, describe \_\_\_\_\_

If there is a pond, lake or pool on premises is there "Use At Own Risk, No Diving" "No Lifeguard on Duty" signage?  Yes  No

Are there any athletic fields or surfaces i.e. tennis courts, softball, volleyball etc.  Yes  No, describe \_\_\_\_\_

Do you own any watercraft?  Yes  No Type \_\_\_\_\_ Length \_\_\_\_\_ Horsepower \_\_\_\_\_

Is your watercraft insured elsewhere?  Yes  No, Carrier Name \_\_\_\_\_

Do you rent, loan or furnish any recreational equipment i.e. skis, bicycles, boats, mopeds, ATV's, snowmobiles etc?  Yes  No: describe \_\_\_\_\_

Alcoholic Beverages: Do you furnish or make them available?  Yes  No If yes: To guests only?  Yes  No

To guests and non-guests?  Yes  No Types: Wine \_\_\_\_\_ Beer \_\_\_\_\_ Liquor \_\_\_\_\_

Do you have a Liquor License?  Yes  No, Is a license required?  Yes  No Gross annual sales \$ \_\_\_\_\_

**ARE YOU PROVIDING EITHER DIRECTLY OR THROUGH A PACKAGE ANY OF THE ACTIVITIES LISTED BELOW:**

**\*\*A copy of the hold harmless waiver used must be submitted prior to issuance of the policy for all activities\*\***

- Fishing, hunting, sightseeing, hot air ballooning or any other outdoor trip, tour, excursion or activity?  Yes  No
- Snowmobiles, ATV's or any other motorized craft?  Yes  No
- Tent sites, campgrounds or RV parking?  Yes  No
- Work-out, tanning, athletic &/or playground equipment?  Yes  No
- Swimming pool, hot tub or whirlpool on premises?  Yes  No
- Dance floor facilities?  Yes  No
- Day Care facilities?  Yes  No
- Trampoline on premises?  Yes  No
- Horseback riding, carriage rides, sleigh rides, dog sledding, or any other activity using an animal to transport people?  Yes  No
- Downhill skiing, tobogganing, sledding, or ice-skating?  Yes  No
- Inflatable tubes, canoes, kayaks, or rafts to navigate Class I or higher rapids?  Yes  No
- Massages or cosmetic services?  Yes  No
- Professional services of any kind?  Yes  No
- Tour services, Describe type: \_\_\_\_\_  Yes  No

**Are any of the above amenities offered to the public (non-guests)?**  Yes  No

Explain all Yes: \_\_\_\_\_

**PROVIDING ANY OF THE PACKAGES AND ACTIVITIES LISTED ABOVE MAY MAKE YOU INELIGIBLE FOR THIS PROGRAM**

**DO YOU UNDERSTAND THAT THE GUEST USE OF SWIMMING AREAS WITHOUT PROPER WARNING SIGNS AND THE USE OF DIVING BOARDS, SLIDES, SWINGS, OR OTHER DEVICES WITHIN THE SWIMMING AREAS ARE PROHIBITED?  Yes  No**

Do you hire any of the following, which are not covered by Worker's Compensation Insurance (answer each yes or no):

Employees that live on your premises  Yes  No , Independent contractors  Yes  No

If yes, explain \_\_\_\_\_

Coverage will become effective, if accepted, upon written notice by RPS and coverage will not commence earlier than the date received in the office of RPS.

**Applicant Statement:** I understand that the amount of insurance applied for represents the current structure(s) described on this form. Any modifications, improvements, new construction or alterations made hereafter will not be considered covered until I have properly notified RPS the coverage limits have been reviewed and endorsed as necessary.

**Applicant/Producer Statement:** I hereby state I have been unable to procure the above requested coverage from standard insurers. I request RPS to affect coverage and will be responsible for payment of premium, fees and taxes. I understand flat cancellations are not permitted.

The Proposed insured warrants that the information provided on these applications is true, complete, and correct based on his/her records, knowledge and belief. The Proposed Insured agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued. I understand coverage, if accepted, will become void at any time the covered property has been vacant or unoccupied for more than 60 days:

\_\_\_\_\_  
Signature of Agent or Broker

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone & Fax Numbers

\_\_\_\_\_  
Agent Code