



BED AND BREAKFAST APPLICATION

Mutual Insurance Services

PO Box 6109

Federal Way, WA 98063-6109

1-800-247-5851, Fax 1-877-329-9647

Agent Code: _____
Bill To: Insured;(Premium Finance), Mortgagee, Credit Card

Name of Bed & Breakfast: _____

First Named Insured: _____
(The first Named Insured is responsible for premium payment, cancellation and changes)

Phone Number: _____ Web Address: _____
Other Insured(s): _____

Mailing Address: _____
Street City County State Zip Code

Effective Date Desired: _____ Expiration Date: _____
(1 year term)

*PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	Carrier/Policy Number Premium	Coverage	Losses	Amount	Description of Losses (Use separate sheet if necessary)

***A credit may be available to the applicant if a copy of their prior carriers declarations page is attached to this application.**
Has insurance of this type 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 Business: _____ 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 (RC-90% Required)	Premium	Supplemental Heat Surcharge	Occupancy or use of building	Contents Limit	Contents Premium

Contents Theft Exclusion - 15% Credit on contents rate

Optional Property Coverages -

- Business Income Endorsement - Limit \$ _____ or Loss of Rent Coverage - Limit \$ _____
- Equipment Breakdown (Maximum Limit \$25,000)
- 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: Innkeepers Personal Liability coverage is included upon purchase of CGL and only applies if owner resides on premises.

Optional Liability Coverages -

- Host Liquor Liability
- Restaurant Liability - Gross Receipts \$ _____
- Medical Payments - Limit \$ _____

UNDERWRITING INFORMATION

Exposures

Property (Complete for all covered property)

Loc. #	Bldg. #	# of Stories	Square Footage	Construction Type (Frame, Masonry, Stucco, Log, etc.)	Prot. Class	Spkl. Y/N	# of Rental Units	Year Built	Ages of: 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: _____

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? Yes No, If No, Explain _____

Is the Bed & Breakfast operational year round? Yes No, Explain if No _____

Does an innkeeper/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 room 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 rental room 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:

<u>Electric</u>	<u>Gas</u>		<u>Under hood</u>	<u>Not Under hood</u>	<u>Fuel Power Shut-Off</u>		<u>Surface Protection</u>	
					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 Watchman Security &/or Fire Alarm Security System with central hookup 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 Smoke in the rental units? Yes No

Do rental units contain: smoke detectors? Yes No Cooking facilities? Yes No 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? _____

Are you a member of an association? Yes No, Name _____

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, describe _____

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

Location of Land _____

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

If there is a pond/lake on premises is there a "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 any and 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 Mutual Insurance Services and coverage will not commence earlier than the date received in the office of Mutual Insurance Services.

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 Mutual Insurance Services and 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 Mutual Insurance Services to effect 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 Proposed Insured

Address

Date

Phone & Fax Numbers

Agent Code