



BED AND BREAKFAST SUPPLEMENTAL APPLICATION

1. Named Insured: _____
Website Address: _____
2. Check all that apply: Bed & Breakfast Inn Hotel Motel Hostel
 Extended Stay AirBnb or Similar Clothing Optional Medical Recovery
 Sober Living/Rehab/Recovery Other: _____
3. Number of years under current ownership: _____
4. Does an owner or an employee reside at the premises at all times when guests are present? Yes No
5. Is this business only open seasonally? Yes No
If yes, provide dates that the business is closed: _____
6. Total number of guest bedrooms: _____ Total number of guest beds: _____
Rooms rented by the: Hour Day Week Month Other (describe): _____
7. What is the percentage of receipts associated with extended stay or long-term weekly/monthly rentals? _____%
8. Are any guests allowed to stay for more than one month? Yes No
9. Do you own the bed and breakfast property? Yes No
10. Are there any emergency call buttons in rooms or medical or physical assistance provided? Yes No
11. Are all rooms entered and inspected on a weekly basis regardless of occupancy? Yes No
12. In Rental Agreement, does it state that you have the right to enter a room at any time? Yes No
13. Are any rooms directly accessed from the exterior of the building? Yes No
14. Are there any employees other than the owner(s)? Yes No
If yes, does the Applicant perform criminal background investigations and a sex offender register check confirming no violations on all employees? Yes No
15. Have there been any Assault or Battery incidents at the location to be insured? Yes No
16. Are cooking facilities provided in guest rooms? Yes No
17. Is breakfast served daily and included in the nightly room rate? Yes No
18. Are any meals provided for an additional charge? Yes No
If yes, complete Restaurant Supplemental Application.
19. Does any building have aluminum wiring, pigtailed aluminum wiring, fuses, or knob and tube electrical systems? Yes No
20. Does any building have Federal Pacific, Stab Lok, Zinsco, or Split-bus electrical panels? Yes No
21. Are there smoke detectors in all units and hallways? Yes No
If battery, are batteries replaced every 6 months? Yes No N/A
22. Are any units equipped with wood stoves or pellet stoves? Yes No

23. If any buildings are 2 stories or more:
- a. Is a secondary means of egress provided? Yes No N/A
 - b. Are all exterior balconies, walkways, and staircases protected with railings that meet current local building codes? Yes No N/A
 - c. Are any railing balusters vertical with more than 4 inches between each baluster or designed horizontally? Yes No N/A
24. Does any building contain lead paint? Yes No
25. Are there security guards on premises? Yes No
26. Have there been any assault or battery incidents at the premises during the past five years? Yes No
27. Is the property used as a Medical Recovery, Sober Living, Rehab, or Recovery Facility? Yes No
28. Are there any childcare services provided? Yes No
29. Do you advertise as a college spring break destination or cater to a college crowd? Yes No
30. Are there any swimming pools, hot tubs, or whirlpools on premises? Yes No
- If yes, complete Swimming Pool Supplemental Application.
31. Are there any playground areas on premises? Yes No
- If yes:
- Describe type of equipment: _____
- Describe ground surfacing in playground equipment area: _____
- Is the area fenced? Yes No
- Are there any arsenic-treated (chromate copper arsenate-CCA) decks or playground equipment? Yes No
- If yes, has wood been sealed with a polyurethane or similar coating? Yes No
32. Are there any exercise facilities on premises? Yes No
- If yes, describe type of equipment: _____
- If yes, are rules and safety guidelines posted? Yes No
33. Are there any lakes, ponds, beaches, or docks/piers exposure? Yes No
- If yes, describe: _____
34. Is there any rental equipment available? Yes No
- If yes, describe equipment and provide Rental Agreement: _____
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35. Are there any recreational facilities provided other than swimming pools, hot tubs, whirlpools, playgrounds, or exercise facilities? Yes No
- If yes, describe: _____

36. Describe any other occupancies or operations that have not been otherwise addressed in this application.

Include any sales receipts by exposure generated as a result of any other occupancies or operations listed below and if they are run by the applicant or if space is leased to others.

Signature of Applicant: _____

Date: _____