Bed and Breakfast Supplement

Applicant Information

1. Name of bed and breakfast: _____

2. Name of owners _____

3. Civic Address: _____

4. Website address: _____

Risk Details

5. Is this a heritage home?   Yes ☐   No ☐

6. How long has B&B been in business? _____

7. Do the owners live in B&B year round?   Yes ☐   No ☐

8. How long have current owners operated the B&B? If new, what experience do they have?

_____

_____

9. Does the B&B operate seasonally?   Yes ☐   No ☐

   From: _____   To: _____

10. If B&B is seasonal, is water shut off and heat kept on, and is someone looking after the property?

_____

11. What are the annual receipts? _____

12. How many employees?   Full time: _____   Part-time: _____

13. Are there any other business operations at B&B? _____

14. How many suites/bedrooms are available for rental to guests? _____

Please confirm this B&B is not a rooming house. _____

Are meals served to guests?   Breakfast ☐   Lunch ☐   Supper ☐

15. Is there any deep fat frying? If yes, please complete the cooking supplement   Yes ☐   No ☐

16. Is there any alcohol provided/sold?   Yes ☐   No ☐

17. Describe any recreational activities you offer as part of your B&B package. _____

_____

18. Describe any recreational activities you arrange for your guests. _____

_____

19. Describe any outdoor/recreational equipment on your property for use by your registered guests.

_____

20. Is there a swimming pool or hot tub? Is pool above or in-ground. Is yard/pool fenced in?

_____

21. Does your property include access to a bathing beach?   Yes ☐   No ☐

22. Is there any watercraft? Is the watercraft loaned to guests? We will need full details of any watercraft

exposure._____

_____

- I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not misstated or suppressed any material fact.
- I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.
- I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Date: _____   Signature of Appliccant:: _____

Date: _____   Signature of Broker: _____