

**VACATION RENTAL AND BED & BREAKFAST
APPLICATION**

Name of Applicant(s): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Applicant's Occupation and Employer: _____

Terms of Coverage: Effective: _____ **Expiration:** _____

Location Address: _____

Losses in Past 5 Years: _____

Bankruptcy Status: _____ **Mortgagee:** _____

Previous Carrier: _____

Inspection Contact: _____ **Telephone Number:** _____

Description of operations: _____

Is the insured contracted with any particular online platform? _____

Does the insured have a management company? _____

LIMITS:

Dwelling Replacement Cost: _____

Other Structures: _____

Personal Property: _____

Loss of Use/ Rents: _____

Premises Liability: _____

Medical Payments: _____

Deductible: _____

PREMISES INFORMATION:

ISO Territory: _____ **Protection Class:** _____

Year Built: _____ **Number of Stories:** _____ **Total Sq Ft** _____

Update Years: Roof: _____ **Wiring:** _____ **Plumbing:** _____ **Heating:** _____

Maximum number of rooms held for rental is _____

Maximum number of guests at any one time is _____

1. **Is risk eligible for HO3 coverage as (Circle One):** primary home or secondary home
2. **Is risk eligible for DP3 coverage as (Circle One):** annual rental or short term rental
3. **Construction Type (Circle One):** Brick Stone Masonry Frame Stucco
4. **Gated/ Guarded Community (Circle One):** Yes No
5. **Central Station Alarms (Circle One):** Fire Burglar Combo Sprinkler None
6. **Does each floor have two means of egress available (Circle One):** Yes No
7. **Are all hallways and rooms rented to guests equipped with hard-wired or battery-operated smoke detectors (Circle One):** Yes No
8. **Are all guest room doors equipped with locks and/or deadbolts (Circle One):** Yes No
9. **Is emergency lighting installed in hallways (Circle One):** Yes No
10. **Is breakfast the only meal served (Circle One):** Yes No
11. **Are there any commercial cooking facilities (Circle One):** Yes No
12. **Are guests allowed to use kitchen (Circle One):** Yes No
13. **Are there any alcoholic beverages served to guests (Circle One):** Yes No
14. **Are there any recreational facilities (including but not limited to hiking trails, ski trails, horseback riding, swimming pools, boating, etc.) owned or sponsored by the insured (Circle One):** Yes No

SIGNATURE OF APPLICANT(S): _____

DATE: _____