



**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: \_\_\_\_\_ Mortgage: \_\_\_\_\_

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:** \_\_\_\_\_