



Bed & Breakfast Insurance Application

ABEX Affiliated Brokers Exchange Inc.
 231 Shearson Cres., Suite 304
 Cambridge, ON N1T 1J5
 (p)519-880-0044
quotes@abexinsurance.com
www.abexinsurance.com

Brokerage:	Broker code:	Broker contact:		
Broker address:	Email:			
Named Insured(s):	Principal(s):			
Mailing address:				
Location address:				
Mortgagee(s):				
Mortgagee(s) address:				
Effective date:	Policy term:			
Prior insurance & expiry date:	Other policies with ABEX:			
1. Underwriting Details				
Please provide a detailed description of operations and include website if available:				
Number of rooms used for B&B:	Any month by month rentals? <i>If 'yes', please explain below:</i>	Yes No	Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	Yes No
Property's current market value:	Gross Receipts from B&B operations:		Hydrant within 300 meters?	
Does applicant serve breakfast to guests? <i>If 'no', please explain below:</i>	Yes No		Firehall within 8 Kms?	
Does applicant serve meals to general public?	Yes No	Is alcohol served or provided to guests?	Is it a volunteer firehall?	
If 'yes', what % of gross income is derived from food/beverage sales?		Yes No	Min. one (1) smoke detector per floor?	
Is there a commercial kitchen on the property? <i>If 'yes', describe fire extinguishing system below:</i>	Yes No		Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>	
Are recreational / facilities provided? <i>If 'yes', please complete below:</i>	Yes No		Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>	
Boating Horseback Riding Cycling Other:			Does the B&B have a valid Tourist Accommodation License?	
Does the applicant arrange tours or contract out any activities? <i>If 'yes', please describe below:</i>	Yes No		Is this leased land?	
Does applicant require any evidence of liability insurance from tour/activity companies?	Yes No N/A		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>	
If 'yes', amount of insurance required: \$			Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>	
Does applicant employ professionals?	Yes No		Does the building have a heritage designation? <i>If 'yes', is the designation with respect to façade/exterior only?</i> <i>If interior designation, we'd decline.</i>	
If 'yes', does applicant confirm professional liability is in place?	Yes No		Is this a historic building?	
			Comments:	

2. Construction Details				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Private Protections</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Burglar Alarm</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Monitored</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sprinklered</td> <td></td> <td></td> <td></td> </tr> <tr> <td>On-Site Security</td> <td></td> <td></td> <td></td> </tr> </table>			Private Protections		Yes	No	Fire Alarm				Burglar Alarm				Monitored				Sprinklered				On-Site Security				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">Adjacent Risks</th> </tr> <tr> <th>Separation</th> <th>Exposure</th> <th></th> </tr> <tr> <td>Front</td> <td>ft</td> <td></td> </tr> <tr> <td>Back</td> <td>ft</td> <td></td> </tr> <tr> <td>Left</td> <td>ft</td> <td></td> </tr> <tr> <td>Right</td> <td>ft</td> <td></td> </tr> </table>			Adjacent Risks			Separation	Exposure		Front	ft		Back	ft		Left	ft		Right	ft	
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Year built		Building area in sq. feet																																																	
No of Stories		Construction																																																	
	Type	Year Updated																																																	
Electrical Wiring & Amperage																																																			
Breakers or Fuses																																																			
Plumbing																																																			
Heating																																																			
Supplementary Heating																																																			
Roof																																																			

3. Have there been losses or claims by the applicant in the last 5 years?					Yes	No
Date of loss	Detailed description of loss	Amount Paid	Open / closed?	Preventative measures in place?		

4. Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) ¹ <i>¹No cover given for outbuildings unless a limit is shown on the policy.</i>	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	

5. Is coverage required for:		Equipment Breakdown: Yes No	Flood: Yes No	Earthquake: Yes No <i>(Excluding BC)</i>
6. Current photos of the risk attached ?	Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)	
EZ_ITV or equivalent evaluator attached?	Yes	No		

7. Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated 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 affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

Absolutely NO COVERAGE is given by this application form. Coverage is only given upon written confirmation of binding from ABEX.

This Section is For Broker Use Only

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* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**