



Bed & Breakfast Insurance Application

ABEX Affiliated Brokers Exchange Inc.
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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
				Hydrant within 300 meters?	
Gross Receipts from B&B operations: \$				Firehall within 8 Kms?	
Does applicant serve breakfast to guests? <i>If 'no', please explain below:</i>		Yes	No	Is it a volunteer firehall?	
Does applicant serve meals to general public?		Yes	No	Min. one (1) smoke detector per floor?	
Is alcohol served or provided to guests?		Yes	No	Is the risk located in an active flood zone? <i>If 'yes', we'd decline</i>	
If 'yes', what % of gross income is derived from food/beverage sales?					
Is there a commercial kitchen on the property? <i>If 'yes', describe fire extinguishing system below:</i>		Yes	No	Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline</i>	
Are recreational / facilities provided? <i>If 'yes', please complete below:</i>		Yes	No	Does the B&B have a valid Tourist Accommodation License?	
Boating		Horseback Riding	Cycling	Other:	
Does the applicant arrange tours or contract out any activities? <i>If 'yes', please describe below:</i>		Yes	No	Is this leased land?	
		Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>			
Does applicant require any evidence of liability insurance from tour/activity companies?		Yes	No	N/A	Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>
If 'yes', amount of insurance required: \$		Does the building have a heritage designation? <i>If 'yes', is the designation with respect to façade/exterior only? <i>If interior designation, we'd decline.</i></i>			
Does applicant employ professionals?		Yes	No	Is this a historic building?	
If 'yes', does applicant confirm professional liability is in place?		Yes	No	Comments:	

2. Construction Details					Private Protections			Adjacent Risks		
Year built		Building area in sq. feet								
No of Stories		Construction					Front	ft		
		Type	Year Updated					Back	ft	
Electrical							Left	ft		
Amperage							Right	ft		
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
											(Excluding BC)		
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**