

Bed & Breakfast Insurance Application

ABEX Affiliated Brokers Exchange Inc. 139 Northfield Dr. W., Suite 206 Waterloo, ON N2L 5A6 (p) 519-880-0044 <u>quotes@abexinsurance.com</u> www.abexinsurance.com

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

2. Construction Details Year built Building area		ea	Priv	Private Protections Yes		Adjacent Risks			
No of Stories			in sq. feet Constructio	n		Fire Alarm		Separation	Exposure
		Туре	Y	ear Updated	Burg	lar Alarm		Front	ft
Electrical				-	Burg	lar Alarm		Back	ft
Amperage					Moni	tored			
Plumbing					Sprii	nklered		Left	ft
Heating					On-S	Site Security		Right	ft
Supplementar	y Heating								
Roof									
3. Have ther	e been los	ses or claims by the	e applicant i	n the last 5 ye	ars? Y	es No)		
Date of loss Detailed description of loss				Amount Paid Open / closed?		sed? Pr	Preventative measures in place?		
4. Coverage			Limits Required				Deductible		
Building(s)			\$						
Outbuilding(s) 1 1 No cover given for outbuildings unless a limit is shown on the policy.			\$	\$					
Contents			\$						
Rental Income			\$						
Sewer Back Up			\$						
Liability (CGL)			\$						
5. Is coverag	e required	for: Equipment Brea	kdown: Yes	No	Flood: Yes	s No	Earth (Exclu	nquake: Yes uding BC)	No
6. Current photos of the risk attached ? Yes			No	(Current photos and Building Evaluator are not required					
EZ_ITV or equivalent evaluator attached? Yes			No	quotin	quoting, but will be required in order to bind coverage)				
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 <u>NO COVERAGE</u> 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**

Bed & Breakfast App /Feb 2024 Pg. 3 of 3