Supplemental Questionnaire for

BED & BREAKFAST and COUNTRY INNS

Named Insured:_____
Contact Name:_____ Telephone #:_____
Website:_____ E-Mail:_____

**Attach copy of brochure and/or promotional materials

General Information

1. Number of guest rooms:_____ Number of guest buildings:_____
   Number of guest rooms in each building: _____
   Number of guest rooms on each floor of the building:_____

2. Number of Employees (including owners):_____

3. Is your business seasonal? _____ If YES, please explain:_____
   _____

4. Is your business open for less than 12 consecutive weeks? _____
   If YES, please explain:_____

5. Does the owner and/or manager of the operations live in the same building as the guests? _____

6. Please indicate whether the property is protected by the following:
   - ☐ Fire and/or smoke alarm is connected to the owner and/or manager's residence
   - ☐ Central station fire/smoke alarm system
   - ☐ Sprinkler system
   - ☐ Central station sprinkler alarm system
   - ☐ Burglar alarm system
   - ☐ Central station burglar alarm system

7. Is there direct means of egress to the outside of the building from all guest rooms on the first floor via windows or doors? ____
   If NO, please explain:_____
   _____

8. If the building is more than one story in height is there a secondary means of egress via a window or door to a balcony, or fire escape? _____ If NO, please explain:_____
   _____

9. Is emergency lighting included in all guest rooms? _____

10. Do you have written procedures and instructions for the emergency evacuation of the premises posted in each guest room? _____ If NO, please explain:_____

11. Do all guest rooms have smoke and heat detectors? ____ If NO, please explain:_____

12. Is there "knob & tube" type electrical wiring that is still used on the premises? ____

13. Provide breakdown of receipts for the following categories:
    Rooms:_____ Restaurant:_____ Liquor:_____
    Gift Shop:_____ Catering:_____
    Special Events:_____ Other:_____

    Please provide description of "special events" or "other" (i.e. type of activity - frequency, # of attendees, location, etc):_____
    _____
    _____
    _____

14. Are there any cooking appliances situated in the guest rooms? ____ If YES, please describe:_____

15. Do you have a liquor or wine license? _____ If YES, please describe what type of beverages are served:_____
    _____ Do your servers receive training (i.e. TIPS program)? _____ Do you sell "carry-out" liquor, beer, or wine to the public? _____

16. Average daily cost for room rental:_____ Are meals included in the room rental? _____ If YES, indicate the meals that are included: ☐ Breakfast; ☐ Lunch; ☐ Dinner; ☐ Box Lunches

17. Do you provide a safe for your guest's property? _____

18. Do you have a formal procedure in place for the reporting or recording of potential liability claims? _____ If YES, please describe:_____
    _____

19. Do you allow smoking in the premises and guest rooms? _____

20. Do you have any pets or farm type animals that are on the premises? _____ If YES, please provide the number, type, and/or breed of animal:_____
    Do you maintain records of required inoculations? _____

21. Are guests allowed to bring their animals on the insured premises? _____ If YES, are there written rules regarding the supervision of the animals? _____ If YES, attach a copy of the rules.

22. Do you have any wood fireplaces or stoves on your premises? _____ If YES, please identify where located and the number:_____
_____
How often are the stoves and chimney flues inspected and cleaned?
_____

23. Do you have space heaters located in guest rooms? _____ If YES, please describe:_____

24. Are you a member of any trade associations? _____ If YES, please identify:_____

25. Please identify all items or activities that exist for your business operations:

☐ Hay or Sleigh Rides	☐ ATV's
☐ Day Care Facilities	☐ Horseback Riding
☐ Hot Tubs or Saunas	☐ Golf
☐ Playground Equipment	☐ Dancing
☐ Weight Room/Exercise Equipment	☐ Recreational Fields
☐ Snow Skiing	☐ Snowmobiles
☐ Tennis	☐ Mopeds
☐ Snowshoeing	☐ Watercraft (motorized)
☐ Fishing	☐ Watercraft (non-motorized)
☐ Bicycles/Biking	☐ Water Skiing
☐ Swimming Pools	☐ Weddings
☐ Hunting	☐ Water Rafting
☐ Skeet or Shooting Range	☐ Catering
☐ Trampolines	☐ Special Events (describe):
☐ Guide/Tour Services (describe):	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have "partnership" agreements with other entities to provide any of the above activities? _____ If YES, please describe:_____

Do you obtain certificates of insurance (general liability, auto

liability, workers compensation) from these entities? _____

Are you included as an additional insured on their policies? _____

Do you have a written agreement with these entities that they will hold you harmless for any injuries, etc.? _____

26. If you have cross country skiing, bicycling, or boating activities do you obtain signed liability waivers from your guests? _____ If YES, attach copy of a sample waiver form.

27. For water sports activities, are flotation devices provided? ____

28. Do you provide live entertainment and/or dancing facilities?_____ If YES, please describe (i.e. type of entertainment, frequency, square footage of dance area, etc.):_____
_____

29. Do you do any catering off premises? _____ If YES, please explain (i.e. type of occasion, frequency, serve liquor):

30. Do you rent any of your facilities to others? _____ If YES, please describe:_____
_____
_____

31. Does the business personal property include antiques or high valued items? _____ If YES, do you have current (within past 12 months) appraisals for these items? _____ If YES, please provide a copy of the appraisals.

Swimming Areas (i.e. Pools & Beachfront)

If you have a swimming pool or beachfront activities, please provide the following information:

1. Do you provide Lifeguards? _____ Are they certified? _____

2. What are the hours that the pool is available to guests:_____
_____

3. Depth of water:_____ Are there depth indications on the pool? _____ What are the pool dimensions?:_____

4. Are there any diving boards or platforms, slides, or other recreational items included with the pool ? _____ If YES, please describe:_____

5. If there is a swimming pool, is it protected by a fence? _____ How high is the fence?_____ Is the fenced area locked when the pool is not available for use? _____

6. Is life saving equipment readily accessible at all times?_____

Restaurant or Cooking

Do you have a restaurant or cooking exposure? _____ If YES, please provide the following information:

1. Is the restaurant open to the public? _____ What are your hours of operation? _____

2. What is the seating capacity? _____

3. Do you have a separate Bar area? _____ If YES, what is the seating capacity? _____ What are the hours of operation? _____

4. Please indicate the type of cooking equipment that is used:
☐ Grill ☐ Deep Fryer ☐ Broiler ☐ Range/Oven
☐ Other (Describe:_____)

5. Is the cooking area equipped with a hood extinguisher system? _____ If YES, when was the system installed?:_____

6. Does the hood system cover all cooking surfaces? _____ If NO, please indicate uncovered items:_____

7. Are the cooking appliances equipped with automatic fuel/power shut-offs? _____

8. Are the deep fryers equipped with low level automatic fuel/power shut-offs? _____

9. Do you have a service maintenance & cleaning contract for the hood system? _____ If Yes, how frequently (i.e. every 3 months):_____
Name of service company:_____

10. Do you clean/service the hood filter system on a regular basis? _____ If YES, please describe:_____
_____

THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

I/We hereby declare that the above statements and information are true to the best of my/our knowledge and that I/we have not suppressed or misstated any material facts.

_____	_____
Signature of Proposed Insured	Signature of Agent/Broker
_____	_____
Printed Name	Printed Name
Date:_____	Date:_____

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BED & BREAKFAST and COUNTRY INNS PROGRAM