



200-20627 Fraser Highway, Langley, BC V3A 4G4
Tel: (604) 532-6864 Tel: 1-877-532-6864 Fax: (604) 532-6894

BED AND BREAKFAST INSURANCE APPLICATION

Broker name and agency: _____
Tel # (____) _____ Fax # (____) _____
Email _____

GENERAL INFORMATION

Name(s) of Applicant _____
Mailing Address & Postal Code _____
Occupation of applicant(s): _____ Date of Birth _____
Occupation of applicant(s): _____ Date of Birth _____
Years of B&B operating experience _____
If less than 3 years operation of B&B list relative experience and duration: _____

Loss Payable _____

LOSS HISTORY

Current insurer _____
Policy number _____ Expiring premium \$ _____
Has any insurer cancelled or refused insurance to applicant? Yes No
If yes, describe reason _____
Has the applicant suffered any losses or claims within the past 5 years? Yes No
If yes, give details _____

Is applicant aware of any fact or circumstances that may give rise to any future losses?

Yes No

If yes, explain _____

BUSINESS PROPERTY

Risk address same as above Yes No _____
Exposing properties _____

Building Description

Year built _____ (Building cost evaluator must accompany application)

Is this a designated heritage home? Yes No

Walls Log ___ Frame ___ Other _____

→ If dwelling is over 20 years old updating information is required.

Roof Year updated _____ Surface Finish T&G ___ Metal ___ Duroid ___ Asphalt _____

Heating Year updated _____ Gas ___ Oil ___ (oil questionnaire required)
Electric ___ Boiler ___ Other _____

Solid Fuel Burning Unit Yes (questionnaire required) No

Wiring Year updated _____ Breakers ___ Fuses ___ Conduit _____

Plumbing Year updated _____ Type _____

Foundation Concrete ___ Wood ___ Other ___

Swimming pool Yes No Max depth _____

Diving board Yes No

SQFT occ. by insured _____ SQFT of total building _____

Public Protection Hydrant within _____ metres Firehall within _____ metres

Burglar Alarm System Local ___ Monitored ___ Name of Monitoring Co _____

Other Security Features _____

Housekeeping Excellent ___ Good ___ Average ___ Fair ___ Poor ___

Occupancy Hazards _____

BUSINESS OPERATIONS

Detailed description of operations _____

Number of rooms used for B&B _____

Website _____

Are there any month by month rentals Yes No

If yes please describe _____

Gross Receipts from B&B operations _____

Does the applicant serve meals to the guests? Yes No

Does the applicant serve meals to the general public? Yes No

If yes, what % of gross income derived from Food/Beverage sales? _____

Is there a commercial kitchen on the property? Yes No

If yes, what kind of fire extinguishing system? _____

Are recreational activities / facilities provided Yes No

Boating Horseback Riding Cycling Other _____

Does the applicant arrange tours or contract out any activities? Yes No

If yes, please describe

Does the applicant require any evidence of liability insurance from tour/activity companies?

Yes No Amount of insurance required \$ _____

Employ professionals Yes No Confirms Professional Liability in place? Yes No

COVERAGES REQUIRED: *Property & BI*

Coverage	CF/BF/NP	RC/ACV	Ded	Limit
BUILDING				
CONTENTS				
PRIVATE STRUCTURES				
ADDITIONAL LIVING EXPENSES				
RENTAL VALUE				
EARTHQUAKE				
FLOOD				
SBU				
OTHER				
OTHER				

I declare that all the information stated in this application is true.

Signature and title of Applicant

Date

Is this business new to your office Yes No

Client known to broker for _____ years.

Have you seen this property? Yes No

Broker's signature

Date