

Bed & Breakfast Underwriting Questionnaire

Name of Bed & Breakfast: _____ Owner's name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____ Website address: _____

Type of entity sole proprietor corporation LLC.

Present insurance company: _____ Present policy effective date: _____

List date, description and amount paid for any claim in past three years:

Are you a member of FBBI? Yes No

Estimate of rental receipts in upcoming year: _____ Number of years in B&B/hotel business? _____

Owned this property since? _____

Do you live on premises? Yes No If no, how far from property? _____

How long has manager been employed by you? _____ Manager's years of experience? _____

Is risk waterfront? Yes No If yes, specify ocean/gulf, lake, river, other? _____

Do you presently have a separate windstorm policy Yes No If yes, policy number? _____

If no, current wind deductible? _____

Do you have a separate flood policy Yes No If yes, policy number? _____

Total number of rooms/units? _____

Are there smoke detectors in each room? Yes No If yes, hard-wired or battery? _____

If battery, describe maintenance procedures:

Dead bolt locks? Yes No Chain locks? Yes No

Are there sufficient and well-illuminated fire exit signs? Yes No

Are there burglar bars on windows? Yes No

Is there emergency lighting or 12 units? Yes No 12 units)

Are there fire alarms? Yes No Is there a sprinkler system? Yes No

Is there a 2nd means of egress from each room? Yes No

Are there handrails? Yes No

Minimum number of days, weeks, months required for lease/rental? _____ Average percentage of occupancy? _____

Are 85% or more of the rooms rented for more than one day? Yes No Average room rate? _____

Do you have guidelines for maximum number of tenants per bedroom? Yes No

If yes, provide number of persons allowed per bedroom _____

Is parking lot well lit? Yes No Are parking spaces marked? Yes No Are curb stops in place? Yes No

Are meals included in the room rate (vs. separate charge)? Yes No

Which meals are served?: breakfast, lunch, dinner

Do you have commercial cooking equipment? Yes No If so, are the hoods and ducts under contract to be serviced

semi-annually by a licensed contractor? Yes No Are filters cleaned weekly? Yes No

Is there a restaurant on the premises? Yes No If yes, please describe cooking facilities, menu served, and hours of operation.

Is liquor served? Yes No If yes, please describe facilities _____

Is a gift shop located on the premises? Yes No

Are there vending, ice machines, or video games on premises? Yes No

Any laundry facilities on premises for guest use? Yes No

Are any sporting facilities present, or any type of recreational supplies available for guest/tenant use? Yes No
If yes, please describe _____

Any owned automobiles (by the business)? Yes No

Do employees use their vehicles in the business? Yes No

Are vehicles used to transport guests to or from airports, attractions, etc? Yes No

Please explain _____

Please complete for docks:

Is there a dock or boat facility on premises? Yes No

If yes: Number of docks or boat facilities? _____

Are signs posted restricting entry to authorized personnel only? Yes No

Is all wiring protected with GFI (Ground Fault Interrupter)? Yes No

Is dock or boat facility in good repair? Yes No

Does docks or boat facility have davits or boat lift? _____

Please complete for swimming pools or hot tubs:

List number of pools _____ hot tubs? _____

Is pool completely fenced with self-latching gate? Yes No

Is there a diving board? Yes No

Are shepherd's hook and life ring kept at pool side? Yes No

Are depth markers posted? Yes No

Are pool rules posted and clearly visible? Yes No

Is pool restricted to tenants and guests only? Yes No

Coverage limits desired:

Building 1:

Physical address _____

Building construction (frame , masonry, etc. _____)

Year of updates: plumbing _____ wiring _____ roof _____

of stories _____ total area of building _____ sq. ft. # of rental rooms _____

Building coverage _____

Business Personal Property _____

Rental income per month _____

Building 2: (if applicable)

Physical address _____

Building construction (frame , masonry, etc. _____)

Year of updates: plumbing _____ wiring _____ roof _____

of stories _____ total area of building _____ sq. ft. # of rental rooms _____

Building coverage _____

Business Personal Property _____

Rental income per month _____

Building 3: (if applicable)

Physical address _____

Building construction (frame , masonry, etc. _____)

Year of updates: plumbing _____ wiring _____ roof _____

of stories _____ total area of building _____ sq. ft. # of rental rooms _____

Building coverage _____

Business Personal Property _____

Rental income per month _____