

Proposed First Named Insured & Other Named Insured(s) including DBAs:

Website:

BUSINESS INFORMATION

1. Number of weeks per year property is rented: _____
2. Average length of stay: _____
3. Gross receipts: \$ _____
4. Rate per night: \$ _____
5. Indicate how guests gain access to rental unit(s)/location: In Person Check in/Check out
 Keypad/Electronic Lockbox Other (describe): _____
6. Is rental unit inspected after each stay? Yes No

EMPLOYEES & SUBCONTRACTORS

1. Indicate who does the cleaning: _____
2. Do contractors perform renovations, snow removal and/or other maintenance services? Yes No
3. Are Certificates of Insurance on file? Yes No
4. Are coverage and limits equal to or greater than applicant's policy limits? Yes No

LOCATIONS

Location	Unit #(s)	Street	City & State	ZIP
1				
2				
3				
4				
5				

GENERAL INFORMATION - Where appropriate, use Y (Yes) or N (No)

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
1. Is there a property manager?					
2. Does owner/manager live on premises?					

PREMISES INFORMATION - Where appropriate, use Y (Yes) or N (No)

Building Type Key: **A** - Dwelling (Single/Multi-Family) **B** - Condo **C** - Townhouse **D** - Apartment

E - Other, if other, describe:

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Building Type (see Key above)					
Number of Units					
If this is a multi-unit complex, do the units have peepholes or alternatives?					
Are any rentals ever for a room, bed or a portion of a home or unit only?					
Are any properties rented on a monthly or longer basis?					
Are any units rented on an hourly basis or for periods of less than overnight stays?					
Are animals allowed on premises?					
Is clothing optional on premises?					

PROPERTY FEATURES & SAFETY	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Are smoke detectors present and functional in all the units?					
<i>If Yes, are all smoke detectors checked at least semi-annually including replacement of batteries?</i>					
Has the applicant had any fire and life safety violations within the past five years?					
<i>If Yes, describe and advise current status.</i>					
If over two stories, is a secondary means of egress provided?					

RECREATIONAL EXPOSURES - Advise number, miles, acres or square feet, as indicated:

Basketball Court _____ Golf Cart/Snowmobile _____ Sauna _____
 Beaches _____ Hot Tub _____ Special Events/
 Biking/Jogging Trail (miles) _____ Kayaks/Paddleboards _____ Parties-Ex. Weddings _____
 Boats/Bicycles _____ Lake/Pond (acres) _____ Swimming Pool _____
 Boat Dock/Slip _____ Park (acres) _____ Tennis Court _____
 Clubhouse/Partyroom (Sq. ft.) _____ Parking Garage _____
 Exercise Facilities _____ Playground _____
 Concierge tours or guides? Yes No
If Yes, is it outsourced? Yes No
Are subcontractors certified? Yes No
 Other (describe): _____

SWIMMING POOLS N/A

- Number of pools: _____
 - Is pool indoor or outdoor? _____
- | | Yes | No |
|---|--------------------------|--------------------------|
| 3. Is there a self-closing gate/door? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a diving board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the pool fenced from all units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the fence at least 4' in height? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is fence locked when pool is closed? | <input type="checkbox"/> | <input type="checkbox"/> |

SECURITY N/A

- Are any security services provided? Yes No
- Type of security offered: Patrol Gated/Property Access Burglary Alarm Systems
 Security Cameras Armed Security Non-Armed Security
 Other: _____
- Are all entry doors equipped with deadbolts? Yes No

PREVIOUS INSURER & LOSS HISTORY

- Check if None
 See Loss Runs Attached

Attach separate sheet if necessary

Indicate all claims or losses for the past 5 years.

Loc #	Year	Carrier	Policy Number	Premium	Coverage	Losses/ \$ Amount	Description of Loss

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
