



SPECIALTY LODGING PROGRAM APPLICATION

P.O. Box 2009, Glen Allen, VA 23058-2009
Phone (800) 431-1270 Fax (804) 527-7966

(To be attached to ACORD applications)
Please complete a separate application for each location

NAMED INSURED: _____

Insured's E-mail address: _____

Insured's Web site address: _____

Person to contact for safety questions/mailings/info: _____

Employer's Federal ID Number: _____

Please attach the following:

- | | |
|--|--|
| ACORD Applications (for all lines of coverage to be written) | Loss Runs |
| Statement of Values (for blanket &/or agreed amount property coverage) | Brochures/Promotional Materials |
| Restaurant Supplement (for operations that have restaurants) | Aquatics Supplement (for swimming areas) |

This application consists of the following sections. Complete all sections that apply:

- | | |
|--|--|
| Section I – General Information | Section IV – Personal Insurance Exposures |
| Section II – Property | Section V – Facility Rental |
| Section III – Facilities & Guest Activities | Section VI – Automobiles |

Section I - General Information

- Type of lodging: Bed & Breakfast (number of guest rooms _____) Inn (number of guest rooms _____)
 Lodge (number of guest rooms _____) Other (number of guest rooms _____)
- Is your business seasonal? Yes No
If yes, what dates are you open for business? From _____ to _____
- What is your average occupancy rate? _____%
- Does the owner live on the premises? Yes No
 - If the owner lives on premises, does she/he have a homeowner's insurance policy or personal fire & liability insurance? Yes No
 - If the owner does not live on premises, does a manager live on the premises? Yes No
 - If owners or managers live on premises, are they in the same building as the guests? Yes No
 - If owners or managers don't live on premises, are they available 24 hours a day, 7 days a week? Yes No
 - If an owner or manager is not in the same building as guests, check all of the following that apply:
 - Fire alarm is connected to owner/manager's residence Fire alarm is central station & rings into a fire station
 - Fire alarm is loud enough to be heard at owner/manager's residence Direct egress from all bedrooms via windows, balconies, doors or fire escapes
- What meals are included with the room? Check all that apply. Breakfast Lunch Brunch Dinner
 Afternoon tea or wine reception None
- Do you own or operate any other businesses or operations, including farming or rental properties? Yes No
If yes, are they insured elsewhere? Yes No
Describe businesses/operations: _____

- Please list receipts from all applicable operations:

Guest room receipts	\$ _____	Restaurant receipts	\$ _____
Liquor Sales	\$ _____	Gift shop	\$ _____

Equipment rental \$ _____ Catering off premises \$ _____
 Hosting special events \$ _____ Other \$ _____
 [Describe "other" _____]

If you operate a gift shop, list types of items sold _____

Do you make any of the items sold? Yes No

(If you operate a restaurant, please complete our Restaurant Supplement)

8. Do you contract out any services? Yes No

If yes, what services are contracted out? _____

Do you get certificates of insurance from the contractors? Yes No

Are you named as an additional insured on the contractors' policies? Yes No

9. Do you have a written crisis management/emergency plan? Yes No

Does the plan address contingency plans to keep the establishment operating after a loss? Yes No

Does the plan address providing alternate accommodations for guests? Yes No

If yes, explain: _____

Does the plan also address incidents with animals, both wild and domestic? Yes No

10. Are emergency procedures and exit routes posted in all guest rooms? Yes No

11. Is emergency lighting installed? Yes No

12. a. Is staff (paid & volunteer) required to complete an employment application? Yes No

If no, explain: _____

b. Are criminal investigations conducted on all employees (paid & volunteer) before hiring?
 (This includes anyone who will be a regular volunteer) Yes No

c. Does your staff (paid and volunteer) employment application ask if the applicant has ever been
 convicted of any crime? Yes No

d. Do you verify employment references? Yes No

e. Do you conduct a personal interview? Yes No

f. Is a formal incident reporting procedure in place? Yes No

13. Do you rent or lease your facility to outside entities? Yes No

If yes, complete Section V.

14. Are smoke detectors installed in all sleeping areas? Yes No

If yes, are they hard-wired? Yes No

15. Do you keep guests' valuables in a safe or safe deposit box for them? Yes No

16. Are guests given house keys? Yes No

If yes, what controls are in place to prevent duplication? _____

17. Are guests given room keys? Yes No

Are they programmable key cards? Yes No

If no, what controls are in place to prevent duplication? _____

18. Do you have any animals living on the premises? Yes No

If yes, describe number and types of each: _____

Are all animals' inoculations up to date? Yes No

Are unsupervised animals allowed to be around guests? Yes No

Have any animals ever attacked or bitten anyone at all? Yes No

If yes, explain: _____

19. Are guests allowed to bring their own pets? Yes No

- If yes, are they required to be on a leash at all times except in designated outside areas? Yes No
- Is proof of the animals' inoculations required? Yes No
- Are pet owners required to sign an agreement that holds you harmless from injury by and to their pets and that requires them to assume responsibility for property damage their pet causes? Yes No
20. If you do catering, do you provide daily deliveries, like box lunches, to offices, etc.? Yes No
- Do you have a mobile refrigeration unit? Yes No
- Is your catering truck always kept locked when loaded and not being driven or unloaded? Yes No

Section II - Property

Complete ACORD Property applications. Also see the sections that follow for questions addressing specific exposures. If the insured occupies an historic building, the following must be completed:

1. **HISTORIC BUILDINGS (Must attach a building appraisal not more than 3 years old.)**

	Loc Bldg	Loc Bldg	Loc Bldg
a. Is this building listed on the National Register of Historic Places?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are replacement building materials available locally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Will local ordinances allow the building to be rebuilt at the same location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the building been completely restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what percentage of the building has been restored?	_____ %	_____ %	_____ %
What is the target date for complete restoration?	___/___/___	___/___/___	___/___/___
e. Is the building currently under construction/being restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what percentage of the building is under construction/restoration?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is the building ADA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Is your water supply public or private? Public Private
If private, describe water source: _____
3. Are there fireplaces in any guest rooms? Yes No
If yes, are guests allowed to work the fireplaces themselves? Yes No
Are screens placed in front of each fireplace? Yes No
4. Do any guest rooms have kitchens or kitchenettes? Yes No
If yes, are fire extinguishers provided? Yes No
5. Is smoking allowed on the property? Yes No
If yes, describe smoking rules and areas _____
6. If your business is seasonal, describe winterization procedures _____

7. Is there any active knob and tube wiring? Yes No

Section III – Facilities & Guest Activities

1. For all activities provided at or by the facility, including equipment rental, are waivers signed by all guests who will be using the facilities or equipment? Yes No
2. Are cribs provided? Yes No

- If yes, do they meet all current government safety standards? Yes No
3. Are any of the activities offered to non-guests or the public? Yes No
4. For all activities guided by subcontractors, are certificates of insurance obtained? Yes No
 Are you named as an additional insured on the subcontractor's insurance? Yes No
5. Please complete all of the following that are offered at or by the facility:

<u>Activities Offered</u>	<u>Organized, Run by or Guided by Insured</u>	<u>Guided or Run by Subcontractor</u>	<u>Self-Guided by Guests</u>
<input type="checkbox"/> Babysitting	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/> Bicycle Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Caving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment Rental (Describe): _____			
<input type="checkbox"/> Fitness Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marinas	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/> Motorbikes/Minibikes/Motorcycles/ATV's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mountain Biking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mountain Boarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paintball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pistol/Rifle/Skeet Shooting Ranges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Playground	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Rappelling/Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spa Services (Massage, nails, facials, wraps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
<input type="checkbox"/> Surfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Trampoline	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Water Blobs (no lifeguard)	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Water Trampolines (no lifeguard)	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Windsurfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (List all): _____			

For all activities you organize or guide, please attach a copy of the safety plan for these activities. Also see additional questions below.

6. Additional Activity Information. Complete for all activities you offer:
- a. Bicycling - Are helmets required? Yes No
 Any travel on public highways? Yes No
- b. Boating – Number of Canoes _____ Kayaks _____ Pontoon boats _____ Paddle boats _____
 Number of sailboats: Under 21 feet: _____ Over 21 feet _____
 Number of inboard and outboard motorboats Under 26 hp: _____ Over 26 hp: _____

Number of jet skis _____ Any water skiing jumps? Yes No

Is boating in an area separated from swimming? Yes No

Are personal flotation devices provided? Yes No

c. Playground equipment: - What is the type and depth of ground cover under the equipment?

Type: _____ Depth _____

7. Do you have saddle animals? Yes No

If yes:

a. Number owned _____ Number leased _____ Dates of use: From _____ To _____

b. Are saddle animals maintained exclusively for use by guests? Yes No

If not, explain other uses _____

c. Are they kept on premises all year? Yes No

If yes, how are they used in the off-season? _____

d. Are all riders required to wear ASTM approved safety helmets? Yes No

e. Are trail rides given? Yes No

f. Do you have hay rides? Yes No

Does the wagon have sides or is it open? Sides **OR** Open

Is a staff member in the wagon during rides? Yes No

Section IV – Personal Insurance Exposures

Only complete if Household Personal Property, Personal Inland Marine, and/or Personal Liability are requested or if you do NOT have a separate Homeowner's insurance policy.

1. Please list the limit requested for Household Personal Property \$ _____

2. If you want to separately cover any of the following types of property belonging to permanent residents, please list them with each item's insured value on a separate schedule, the ACORD Property or Inland Marine application(s), or the Statement of Values: Cameras, Musical Instruments, Furs, Jewelry, Watches, Stones, Precious Metals, Stamps & Stamp Collections, Coins & Coin Collections

3. Do you own any recreational vehicles (campers, ATV's, etc.)? Yes No

If yes, list type, make, year & model of each _____

4. Is there a trampoline on premises? Yes No

5. Do you keep guns on the premises? Yes No

If yes, are they securely locked and kept in the private residence area? Yes No

Have any residents had firearms training courses? Yes No

(Owners' guns must be kept securely locked and in the private residence area of the facility and inaccessible to guests.)

Section V – Facility Rental

1. Do you rent to outside groups? Yes No

If yes, complete the following.

2. Is a written lease required for every rental? Yes No

3. Do you obtain certificates of insurance with liability limits of at least \$1 million? Yes No

(Not required from individuals or families. Required from businesses and other organizations.)

If yes, are you named as an additional insured on the lessee's liability insurance policy? Yes No

4. What are your gross receipts from all rental operations? \$ _____

5. What activities are offered to rental groups? _____

Do you provide supervision of any of these activities? _____

If yes, which activities? _____

6. Are all safety requirements spelled out in writing in the lease agreement? Yes No

Section VI – Commercial Automobile Coverage

Note: Vehicles owned exclusively for personal & family use must be insured elsewhere on a personal auto policy.)

- 1. Do you give all drivers a driving test in a vehicle of the type they'll be operating? Yes No
- 2. Do you keep an up-to-date vehicle maintenance log for each vehicle serviced? Yes No
- 3. Do you require each driver to walk around and inspect the vehicle prior to transporting guests? Yes No
- 4. If you rent or hire vehicles, which of these types do you hire or rent? Vans Buses Trucks Other _____
- 5. Do you transport guests to and from the facility or activities? Yes No
 If yes, do you use your own vehicle(s) and driver(s)? Yes No
 Do you contract with a transportation company that provides vehicles and drivers? Yes No
 If yes, do you obtain certificates of insurance from them and are you named as an additional insured on their auto insurance policy? Yes No
- 6. Do any employees transport guests in their own vehicles? Yes No
 If yes: How often? _____ For what purpose? _____
 Do you require they give you proof they have personal auto insurance? Yes No
- 7. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? Yes No

ADDITIONAL TYPES OF PROPERTY:

If miscellaneous property is to be covered (computers, watercraft, sporting equipment, ropes course, docks, piers, wharves, outdoor equipment, signs, fences, pools, and similar property), please list them with each item's insured value on a separate schedule, the ACORD Property or Inland Marine application(s), or the Statement of Values.

Additional coverage for the following is available. If you would like a quote on any of the following, please check the box.

- Food Contamination and Communicable Disease (*Can only be purchased with Business Income coverage*)
- Commercial Umbrella Liability Personal Umbrella Liability (May only be written with Commercial Umbrella)
- \$1 million **OR** \$2 million

Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____