

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

Website:

BUSINESS INFORMATION

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

EMPLOYEES & SUBCONTRACTORS

- Indicate who does the cleaning:
- Do contractors perform renovations, snow removal and/or other maintenance services? ☐ Yes ☐ No
- Are Certificates of Insurance on file? ☐ Yes ☐ No
- 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If Yes, is it outsourced?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Are subcontractors certified?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other (describe): _____					

SWIMMING POOLS ☐ N/A

1. Number of pools:	_____	
2. 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

1. Are any security services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Type of security offered:	<input type="checkbox"/> Patrol <input type="checkbox"/> Gated/Property Access <input type="checkbox"/> Burglary Alarm Systems <input type="checkbox"/> Security Cameras <input type="checkbox"/> Armed Security <input type="checkbox"/> Non-Armed Security <input type="checkbox"/> Other: _____
3. Are all entry doors equipped with deadbolts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS INSURER & LOSS HISTORY

☐ Check if None

Attach separate sheet if necessary

☐ See Loss Runs Attached

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		
