

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS)

Fax: 1-888-232-2205

Email: personallines@tottengroup.com

Website www.tottengroup.com

BED & BREAKFAST APPLICATION

Name of Applicant: _____

Occupation/Employer _____ D.O.B. (mm/dd/yy) _____

Years Continuously Employed _____

Name of Spouse: _____

Occupation/Employer _____ D.O.B. (mm/dd/yy) _____

Years Continuously Employed _____

Mailing Address _____

Loss Payable Insured Provide name and address _____

Previous Address if changed in the last 3 years _____

Loss Experience (5 years) None

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

BROKER INFORMATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No

Do you recommend this applicant? Yes No

Is the property for sale? Yes No

Have you personally seen this property? Yes No

Current insurance company on risk (name and policy number) _____

Is renewal being offered? Yes No If no, explain _____

Current expiry date? _____ Expiring Premium _____ Renewal Premium _____

Other markets approached _____

Comments: _____

Complete Name address of Brokerage _____

Date _____ Broker Signature _____

Broker Email Address: _____



PREMISES INFORMATION

Risk Location # _____ Residential Area Rural Area Mixed Commercial & Residential Area

Address (if different from page 1 of app) _____

Structure Type Detached Semi Detached

Construction

of Stories _____ Year Built _____ Square Footage _____

Walls - HCB Frame Metal Clad Other - _____
Roof - Concrete Steel Deck Wood Joist Patent _____
Updates - Full Partial Year _____

Utilities

Heat Gas F/A Electric Oil Other- _____
 Woodstove Wood Furnace Fireplace Insert
 If wood, confirm ULC Approved? Yes No Installed to Code? Yes No

Updates - Full Partial Year _____

Electrical C/B Fuses _____ Amps

Updates - Full Partial Year _____

Plumbing Copper Plastic Other _____

Updates - Full Partial Year _____

Protection

Fire - Hydrant within _____ Feet Metres
 Fire hall Fulltime _____ kms Volunteer _____ kms

Sprinkler System - Yes No Wet Dry _____ % of Building Sprinklered _____

Alarm - Yes No Central Monitored Local

Fire Extinguishers - # _____ Type ABC K (restaurants) _____ Size _____ lbs

Burglar Alarm - Central Monitored Local ULC Approved Yes No
 Full Perimeter Partial Perimeter Contacts All Windows All Doors
 Motion Detector Heat Detector Other _____

Housekeeping Excellent Good Fair Poor

Physical Condition Excellent Good Fair Poor

Outbuilding(s) Please complete additional locations application for any outbuildings not attached to the main dwelling _____

Number of rooms rented: _____ Annual gross income from Bed & Breakfast operations _____

Value and description of outdoor sign: _____

Is this a "Heritage Home": Yes No

Any optional coverages required? Yes No

Fine Arts Floater/Scheduled Property Yes No (Schedule attached)

Personal Computer Endorsement: Yes No (Schedule attached)

Is a daycare operated? Yes No

Is there any incidental office use? Yes No If yes, please describe _____

Swimming Pool? Yes No Above Ground In Ground Depth _____

of Acres _____



COVERAGES AND LIMITS

- 1. **Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request.**
- 2. **Personal Articles and Fine Arts –appraisals are required on articles in excess of \$1,000. A Deductible will apply.**

Form Broad Form

Deductible \$1,000 Other _____

Limits Building #1 _____ Personal Property (60%) _____

Detached Private Structures (10%) _____ Additional Living Expenses (20%) _____

Personal Liability \$1,000,000 \$2,000,000

Jewellery _____ (attach schedule)

Is Jewellery kept in a safe? Yes No If yes, what limit is in safe? _____

Fine Arts _____ (attach schedule)

Watercraft _____ (attach schedule)

Other - Describe _____ (attach schedule)

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

_____ Date

_____ Signature of Applicant