



# BED & BREAKFAST QUESTIONNAIRE

(Must accompany ACORD applications)

Insured's Name \_\_\_\_\_ Agent \_\_\_\_\_

Insured's Web Site Address \_\_\_\_\_

1. Does the owner reside on the premises where the Bed & Breakfast (B&B) is located?  Yes  No

If No, does a manager reside on the premises 24 hours per day and owner reside in the same town and oversee operations?  Yes  No or does a family member or realtor oversee operations?  Yes  No

2. Does the B&B close for any seasonal period?  Yes  No

If "Yes," provide details including approximate dates and whether the B&B is left unoccupied. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many stories is the B&B? \_\_\_\_\_

4. a. Do guest rooms have at least two means of escape (stairway, ramp, door, or window)?  Yes  No

b. Is travel distance from each guest room doorway to an acceptable means of escape 100 feet or less?  Yes  No

c. Are smoke detectors installed on every floor and in each sleeping room?  Yes  No

d. Does the B&B have a no smoking policy for the entire premises?  Yes  No

5. How many rooms are used for guest sleeping? \_\_\_\_\_

6. Has the original bedroom capacity of the building been increased by a building addition or remodeling?  Yes  No

7. Does the B&B have any of the following facilities?

Pools	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whirlpools, Hot Tubs, Saunas,		Tennis or Racquet Ball Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steam Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes," to any of the above, provide further details (if a pool provide comments on depth of pool, fencing around the pool, warnings, walking surfaces, lifeguards, or other supervision).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any individuals other than guests allowed to use the above facilities?  Yes  No

If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are any staff members trained in first aid?  Yes  No

If "Yes," provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List any animals the B&B has on the premises? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are there any horses or stable facilities available for the use of guests or the public?  Yes  No

If "Yes," is customer riding permitted?  Yes  No

11. Does the B&B have under its ownership and control any rivers, lakes, ponds, or any other body of water other than swimming pools?  Yes  No

If "Yes," does the B&B promote or provide:

- Boating .....  Yes  No
- Swimming .....  Yes  No
- Fishing .....  Yes  No
- Ice Skating .....  Yes  No

12. Does the B&B rent, loan, or lease any row boats, canoes, sailboats, or kayaks?  Yes  No

If "Yes," provide number of each and sizes involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any motorboats of any kind?  Yes  No

Is the Named Insured involved in any other rental or lease operations?  Yes  No

If "Yes," provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Will the B&B allow use of its property for or sell, rent or lease equipment for any of the following:

- Down hill skiing/snowboarding/sledding .....  Yes  No
- Cross country skiing .....  Yes  No
- Snowmobiling .....  Yes  No

If "Yes," to any of the above, provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the B&B groom trails daily?  Yes  No

Are hayrides, sleigh rides or carriage rides provided (or subcontracted out) for guests or the public?  Yes  No

14. What meals are provided to B&B guests?

- Breakfast .....  Yes  No
- Lunch .....  Yes  No
- Dinner .....  Yes  No

What is the restaurant seating capacity? \_\_\_\_\_

What are the restaurant's hours of operation? \_\_\_\_\_  
\_\_\_\_\_

Is there a restaurant or bar at the B&B open to the general public?  Yes  No

What are the estimated annual sales from the sale of food and beverages to the general public and what percentage is this of total receipts? \_\_\_\_\_

Does the restaurant provide only one seating at dinner?  Yes  No

Is there limited selection of dinner entrées with only full dinners served?  Yes  No

What is the bar seating capacity? \_\_\_\_\_

Is the restaurant/bar open for "happy hours"?  Yes  No

What are the restaurant and bar's hours of operation? \_\_\_\_\_  
\_\_\_\_\_

15. Are there any alcoholic beverages sold or regularly provided to guests or to the general public?  Yes  No

If "Yes," provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Are all cooking facilities protected by an automatic extinguishing system?  Yes  No

If "Yes," provide specifics \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any deep fat frying done?  Yes  No

17. Does the risk have fireplaces?  Yes  No

18. Is any individual antique valued at more than \$10,000 or are all items valued greater than \$25,000?  Yes  No

19. Describe any other activities, business enterprises, etc. not covered by the questions above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_