



Bed & Breakfast Program Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

WEB ADDRESS _____

UNDERWRITING INFORMATION

1. Describe any recreational activities or equipment available for use by guests:*

2. Is the insured premises the applicant's primary residence?

..... YES NO

3. Describe any cooking or meal preparation performed on the insured premises:

4. Are there any commercial kitchen equipment, such as grills or deep fat fryers?..... YES NO

5. Is liquor provided for guests?..... YES NO

6. Is the Bed & Breakfast listed on the State Register of Historic Properties?..... YES NO

7. Is the Bed & Breakfast..... Seasonal or Full Time

8. Number of sleeping rooms: _____

9. Number of fireplaces located on premises: _____

Are they screened? YES NO

10. Number of gas burning fireplaces: _____

11. Number of wood burning fireplaces: _____

12. Describe any whirlpool or hot tub facilities located on the premises:

13. Do all rooms have working smoke detectors?

..... YES NO

How often are they serviced? _____

14. Are carbon monoxide detectors provided on each floor?

..... YES NO

How often are they serviced? _____

15. Are there fine arts or antique items valued at over \$5,000?

..... YES NO

16. Is there a gift shop located on the premises?

..... YES NO

**Bed & Breakfasts providing recreational activities such as hunting, shooting, horse-back riding, boating or canoeing are not eligible for this program.*

UNITED FIRE GROUP

HOME OFFICE: 118 Second Avenue SE PO Box 73909 Cedar Rapids, Iowa 52407-3909 www.unitedfiregroup.com

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name

Agent's Name

Title

Agent's Signature

Date

Owner or Officer's Signature

Date

Expiring policy number, if applicable