



# Bed & Breakfast application

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## Leisure and Recreational Business Insurance Program

- Date of Application \_\_\_\_\_
- Are You a Member of CCSAA? \_\_\_\_\_
- Are you a member of PAII? \_\_\_\_\_
- 1). Named Insured \_\_\_\_\_
- 2). Mailing Address \_\_\_\_\_
- 3). Location of Operation \_\_\_\_\_
- 4). Type of Operation: Individual\_\_ Partnership\_\_ Corporation\_\_ LLC\_\_ FEIN # \_\_\_\_\_
- 5). Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 6). Fax Number \_\_\_\_\_ email: \_\_\_\_\_
- 7). Web site address \_\_\_\_\_
- 8). Years in Business \_\_\_\_\_ (This named insured) Number of Employees \_\_\_\_\_
- 9). Operations: Year Round\_\_ Seasonal: From \_\_\_\_\_ to \_\_\_\_\_
- 10). Building Address \_\_\_\_\_
- 11). Do you own the building? Yes\_\_ No\_\_
- 12). Construction Type (wood frame, brick/masonry, other) \_\_\_\_\_
- 13). Year Built \_\_\_\_\_ Square feet \_\_\_\_\_ Number of Stories \_\_\_\_\_ Number of Guest Rooms \_\_\_\_\_
- 14). Basement: Full\_\_ Partial\_\_ None\_\_
- 15). Year of last renovations \_\_\_\_\_ Type of renovations \_\_\_\_\_

- 16). Distance to nearest fire hydrant \_\_\_\_\_ Nearest Fire House \_\_\_\_\_ miles
- 17). Distance to nearest water source \_\_\_\_\_ Name of Fire District \_\_\_\_\_
- 18). Type of Burglar Alarm System: None\_\_ Central Station\_\_ Direct\_\_ Local Gong\_\_  
Central Station System Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_
- 19). Type of Fire Alarm System: None\_\_ Smoke detectors\_\_ Sprinklers\_\_ Central Station\_\_ Local\_\_  
Direct\_\_  
Are smoke detectors hard wired? Yes\_\_ No\_\_
- 20). Building Insurance Limit \$ \_\_\_\_\_ Deductible\$ \_\_\_\_\_
- 21). Contents (Personal Property) Limit \$ \_\_\_\_\_ Deductible\$ \_\_\_\_\_
- 22). Are your Fine Arts, Collectables or Antiques valued over \$10,000? Yes\_\_ No\_\_. If yes, what is their total value? \$ \_\_\_\_\_
- 23). Does your kitchen have a fire suppression system? Yes\_\_ No\_\_ Type \_\_\_\_\_
- 24). Do you have swimming facilities? Yes\_\_ No\_\_ Pool\_\_ Lake\_\_ River\_\_ Other\_\_  
Is it fenced? Yes\_\_ No\_\_ Lifeguard on duty? Yes\_\_ No\_\_

**Please provide information for any additional buildings on separate paper**

**Previous Carrier Information:**

25).

Carrier Expiration Date Annual Premium  
Property

General Liability

26). Gross Income derived from:

Cross Country Usage Fees \_\_\_\_\_  
Mountain Bike Usage Fees \_\_\_\_\_  
Nordic Ski Lessons \_\_\_\_\_ Are your instructors PSIA Certified? \_\_\_\_\_  
Snack Bar \_\_\_\_\_  
Restaurant Sales \_\_\_\_\_  
Liquor Sales \_\_\_\_\_  
Lodging \_\_\_\_\_ Average Nightly Rate \_\_\_\_\_  
Occupancy Rate \_\_\_\_\_  
Winter Equipment Rentals \_\_\_\_\_  
Bike Rentals \_\_\_\_\_  
Guided Tours \_\_\_\_\_  
Retail Sales \_\_\_\_\_  
Watercraft \_\_\_\_\_  
Other (please explain) \_\_\_\_\_

**Automobile Insurance**

25). Please list vehicles to be insured:  
Year Make Model Cost New How is it used?

26). Please list drivers:  
Name Date of Birth License Number State

27). Please list accidents and violations in last 5 years: