



Additional Underwriting Questions

The information requested below is for verification purposes to ensure that our policy information is complete & accurate.

Please verify the mailing address where you would want a claim check to be delivered.

Street Address _____

City _____ State _____ Zip _____

****Please Note: Maximum advertised occupancy is a premium bearing item and we *must* match your advertisement. List the maximum # that is, or will be advertised below:**

Premise 1) _____

Premise 2) _____ N/A

Premise 3) _____ N/A

Is your online advertisement available? Yes No

If NO, list the estimated date that it will be available here: _____ N/A

How old are the components of your building? Please list the age of the fixtures listed below: *Based on the years listed below, the carrier may require that a licensed professional perform an inspection of the system. If you have an inspection report for one or more of the items below, please forward to your representative.*

Building #1:

_____ Heating System

_____ Wiring

_____ Roof

_____ Pipes

Building #2:

_____ Heating System

_____ Wiring

_____ Roof

_____ Pipes

Roof Type

Metal

Slate

Tile

Other (wood/cedar shake, tar & gravel, asphalt shingle, etc.)

Does this apply to all buildings?

Yes

No

N/A

Policy Issuance Information

Premise #1 Address: _____

Premise #2 Address: _____

N/A

Premise #3 Address: _____

N/A

Name of Vacation Rental _____

For example you have given your house, cabin, etc. a specific name such as Cozy Cabin, etc.

Is this vacation rental part of a condo association? Yes No

Complete Name of Entity/Individual which owns & operates the Vacation Rental business:

*This information will translate to be the policy holder's name. **Do not include the name of your Property Management Company on the blank below.***

Does the ownership of the building or unit differ from the ownership of the business? If yes, please provide the name of the entity/individual which owns the real estate (building or unit):

For example, someone else owns the building or unit to which you rent as a vacation rental. State NO if not applicable.

Is there a mortgage holder? Yes _____ No _____

Please contact your lender and request the mortgagee clause. This information may be found on your loan documents. If the information below is incorrect, this will prevent CBIZ from properly notifying your lender and may result in force placed insurance at a higher cost to you.

1st Mortgage Holder: Applies to Premise # _____ Building(s) # _____

Lender Name: _____ Loan #: _____

Address: _____

Name as it appears on the mortgage: _____

2nd Mortgage Holder: Applies to Premise # _____ Building(s) # _____

Lender Name: _____ Loan #: _____

Address: _____

Name as it appears on the mortgage: _____

3rd Mortgage Holder: Applies to Premise # _____ Building(s) # _____

Lender Name: _____ Loan #: _____

Address: _____

Name as it appears on the mortgage: _____

Underwriting Confirmations

What year did this property become a vacation rental? _____

Is a lease/rental agreement signed every time your rental is rented, either physically or electronically? **Yes** **No**

Is your vacation rental available year round? **Yes** **No**

If no, months of operation (i.e. May-Sept): _____

Describe winterization procedures, if applicable:

Are there smoke alarms in all bedrooms and corridors? **Yes** **No**

Are there any bedrooms on the 3rd floor?

Yes **No**

Are there bedrooms on a 4th floor or higher?

Yes **No**

Do any of your buildings contain the following:

Active knob & tube wiring? (May be present buildings built prior to 1960)

Yes **No**

Active aluminum wiring? (May be present in buildings built prior to 1975)

Yes **No**

Fuse boxes as opposed to breaker boxes?

Yes **No**

Space Heaters:

- None used
- Used occasionally, and are not kerosene or open flame
- Primary source of heat, and are **NOT** kerosene or open flame
- Primary source of heat and **ARE** kerosene or open flame

Do any of your buildings have a **wood burning** fireplace or stove?

Yes **No**

- Are the chimneys and flues cleaned and inspected annually?

Yes **No**

- Is there a fire extinguisher near each fireplace or stove?

Yes **No**

Is there a fire extinguisher readily available in the cooking area?

Yes **No**

Are all kitchen appliances sufficiently modern so that they do not require special or unique operating instructions?

Yes **No**

Is the owner/manager's phone number and location address posted and readily available to renters in the event of an emergency?

Yes **No**

Are post-stay inspections performed after each renter's departure?

Yes **No**

Does the post-stay inspector confirm that windows and doors are locked?

Yes **No**

Are smoke detectors visually inspected by the post-stay inspector?

Yes **No**

Is the inspection completed within 24 hours of each renter's departure?

Yes **No**

Is the post-stay inspection completed by an individual such as: Owner, manager, cleaning crew, caretaker, or property manager?

Yes **No**

Have there been any claims at this location in the last three years?

Yes **No**

If yes, how many claims have been filed with your prior insurance company: _____

Claim # 1 Date of Loss: _____ Amount paid: \$ _____

Brief Description: _____

Is the claim closed? **Yes** **No**

Claim # 2 Date of Loss: _____ Amount paid: \$ _____

Brief Description: _____

Is the claim closed? **Yes** **No**

Claim # 3 Date of Loss: _____ Amount paid: \$ _____

Brief Description: _____

Is the claim closed? **Yes** **No**

Has your insurance been declined, cancelled, or non-renewed in the last 3 years for any reason other than being a vacation rental?

Yes **No**

If yes, please describe the reason: _____

Is any owner currently in bankruptcy?

Yes **No**

Has any owner been convicted of arson, fraud or any crime related to the loss of property?

Yes **No**

Have there been any violations of local codes or ordinances in the last 3 years?

Yes **No**

Bicycles provided for renters?

Yes **No**

- Are helmets provided?
Yes **No**
- Does your rental agreement include a waiver for the use of bicycles?
Yes **No**
- Does the post-stay inspector confirm the bikes are in good condition?
Yes **No**

Are any boats provided for renters?

Yes **No**

- Is the required number of personal floatation devices available?
Yes **No**
- Does your rental agreement include a waiver for the use of the boats?
Yes **No**
- Does the post-stay inspector confirm that the boats are good condition?
Yes **No**

Type of Boats: _____

Is any exercise equipment provided for renter?

Yes **No**

- Does your rental agreement include a waiver for the use of exercise equipment? **Yes** **No**
- Does the post-stay inspector confirm that the exercise equipment is in good condition? **Yes** **No**

Is there a hot tub on the premise for renter's use?

Yes **No**

- Does your rental agreement include a waiver for the use of the hot tub? **Yes** **No**
- Does the post-stay inspector inspect the hot tub?
Yes **No**

Is there a swimming pool on the premise that you own?

Yes No

- Is there signage that states, "Swim at Your Own Risk"

Yes No

- Is there rescue equipment located in the pool area such as a life ring or hook?

Yes No

- Are there depth marker numbers on the pool? **Yes No**

- Is there a diving board or slide? **Yes No**

- Does your rental agreement include a waiver for the use of the pool?

Yes No

Is there swimming available in a natural body of water that you own or control the access (lake, river, pond, etc.)?

Yes No

- Is there signage that states, "Swim at Your Own Risk"

Yes No

- Is there rescue equipment located in the swimming area?

Yes No

- Does your rental agreement include a waiver for the use of the swimming area?

Yes No

Describe swimming area: _____

Do you offer any other amenity or activity? **Yes No**

Describe: _____

By signing below, I agree that the information provided is true and accurate.

Print Name: _____ **Date:** _____

Signature of Owner: _____