

22. General Liability—Limits of Liability: \$ _____ per Occurrence (must be the same as the basic Homeowners).
 \$ _____ Aggregate
23. Medical Payments—Limits of Liability: \$ _____ Each Person
 \$ _____ Aggregate

Complete the following for Beauty Salon/Barbershop risks:

24. Number of Chairs? _____
25. Types of Services? (i.e. Hair, Manicure/Pedicure, Waxing etc.) _____

Complete the following for Bed & Breakfast risks:

26. Is licensing required by state? Yes No
 If so, is facility properly licensed? Yes No
27. Number of Rooms Rented? _____
28. Is property owner occupied during rental period? Yes No
29. Any access to the kitchen by guests? Yes No
30. Do rooms have kitchenettes? Yes No
31. Extra amenities:
 Number of Bikes? _____
 Number of Boats? _____ Horsepower for each boat? _____
 Hiking Trails? _____ Number of Miles? _____
 ATV's Yes No
 Snowmobiles Yes No
 Other _____
32. Does Bed & Breakfast host any special events? Yes No
33. Is there a Swimming Pool, Hot Tub or Wading Pool? Yes No
- a. Any diving boards or platforms over three feet in height? Yes No
- b. Any slides over ten (10) feet in height Yes No
- c. Are rules posted? Yes No
- d. Is pool fenced? Yes No
- e. Is gate self-closing and locking? Yes No
- f. Is swimming pool, hot tub or wading pool in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
34. Innkeepers Liability—Limits of Liability \$ _____ per Occurrence
 \$ _____ Aggregate

This questionnaire does not bind YOU nor US to complete the insurance, but it is agreed that the information herein shall be the basis of the contract should a policy be issued.

APPLICANT SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.