



**SHORT TERM HOME RENTAL SUPPLEMENTAL (Complete in addition to ACORD Application)**

Proposed First Named Insured & Other Named Insured(s) including DBAs:

Website:

**BUSINESS INFORMATION**

1. Number of weeks per year property is rented:
2. Average length of stay:
3. Gross receipts: \$
4. Rate per night: \$
5. Indicate how guests gain access to rental unit(s)/location:  In Person Check in/Check out  
 Keypad/Electronic Lockbox  Other (describe):
6. Is rental unit inspected after each stay?  Yes  No

**EMPLOYEES & SUBCONTRACTORS**

1. Indicate who does the cleaning:
2. Do contractors perform renovations, snow removal and/or other maintenance services?  Yes  No
3. Are Certificates of Insurance on file?  Yes  No
4. Are coverage and limits equal to or greater than applicant's policy limits?  Yes  No

**LOCATIONS**

Location	Unit #(s)	Street	City & State	ZIP
1				
2				
3				
4				
5				

**GENERAL INFORMATION - Where appropriate, use Y (Yes) or N (No)**

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
1. Is there a property manager?					
2. Does owner/manager live on premises?					

**PREMISES INFORMATION - Where appropriate, use Y (Yes) or N (No)**

**Building Type Key:** A – Dwelling (Single/Multi-Family) B – Condo C – Townhouse D – Apartment

E – Other, if other, describe:

	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Building Type (see Key above)					
Number of Units					
If this is a multi-unit complex, do the units have peepholes or alternatives?					
Are any rentals ever for a room, bed or a portion of the home or unit only?					
Are any properties rented on a monthly or longer basis?					
Are any units rented on an hourly basis or for periods of less than overnight stays?					
Are animals allowed on premises?					
Is clothing optional on premises?					

PROPERTY FEATURES & SAFETY	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5
Are smoke detectors present and functional in all the units?					
<i>If Yes, are all smoke detectors checked at least semi-annually including replacement of batteries?</i>					
Has the applicant had any fire and life safety violations within the past five years?					
<i>If Yes, describe and advise current status.</i>					
If over two stories, is a secondary means of egress provided?					

**RECREATIONAL EXPOSURES - Advise number, miles, acres or square feet, as indicated:**

Basketball Court _____	Golf Cart/Snowmobile _____	Sauna _____
Beaches _____	Hot Tub _____	Special Events/ _____
Biking/Jogging Trail (miles) _____	Kayaks/Paddleboards _____	Parties-Ex. Weddings _____
Boats/Bicycles _____	Land/Pond (acres) _____	Swimming Pool _____
Boat Dock/Slip _____	Park (acres) _____	Tennis Court _____
Clubhouse/Party room (Sq. ft.) _____	Parking Garage _____	
Exercise Facilities _____	Playground _____	
Concierge tours or guides? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes, is it outsourced?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Are subcontractors certified?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (describe): _____		

**SWIMMING POOLS**  N/A

- Number of pools: \_\_\_\_\_
  - Is pool indoor or outdoor? \_\_\_\_\_
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 3. Is there a self-closing gate/door?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a diving board?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the pool fenced from all units?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the fence at least 4' in height?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is fence locked when pool is closed? | <input type="checkbox"/> | <input type="checkbox"/> |

**SECURITY**  N/A

- Are any security services provided?  Yes  No
- Type of security offered:  Patrol  Gated/Property Access  Burglary Alarm Systems  
 Security Cameras  Armed Security  Non-Armed Security  
 Other: \_\_\_\_\_
- Are all entry doors equipped with deadbolts?  Yes  No

**PREVIOUS INSURER & LOSS HISTORY**

- Check if None  
 See Loss Runs Attached

Attach separate sheet if necessary.

Indicate all claims or losses for the past 5 years.

Loc #	Year	Carrier	Policy Number	Premium	Coverage	Losses/ \$ Amount	Description of Loss

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**IMPORTANT NOTICE  
DECLARATION**

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I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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**SIGNATURES**

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Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		

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