

If the insured occupies historic buildings, the following supplement must be completed.

**Must attach a building appraisal not more than 3 years old.*

Historic buildings supplement

Market agent number: _____

Business name: _____

Submission or policy number: _____

Section 1 – Historic buildings

	Building # _____ Location # _____	Building # _____ Location # _____	Building # _____ Location # _____
1. Is this building listed on the National Register of Historic Places?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are replacement building materials available locally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will local ordinances allow the building to be rebuilt at the same location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the building been completely restored? If not completely restored, what percentage of the building has been restored? If not completely restored, what is the target date for complete restoration?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____% __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No _____% __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No _____% __/__/__
5. Is the building currently under construction or being restored? If yes, what percentage of the building is under construction/being restored?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No _____%
6. Is the building ADA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is your water supply public or private? <input type="checkbox"/> Public <input type="checkbox"/> Private If private, describe water source: _____			
8. Are there fireplaces in any guest rooms? If yes, are guests allowed to work the fireplaces themselves? Are screens placed in front of each fireplace? How often are fireplaces cleaned? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do any guest rooms have kitchens or kitchenettes? If yes, are fire extinguishers provided?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is smoking allowed on the property?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, describe smoking rules and areas: _____

11. If your business is seasonal, describe winterization procedures: _____

Section 2 – Facilities and guest activities

- 1. For all activities provided at or by the facility, including equipment rental, are waivers signed by all guests who will be using the facilities or equipment? Yes No
- 2. Are cribs provided? Yes No
If yes, do they meet all current government safety standards? Yes No
- 3. Are any of the activities offered to non-guests or the public? Yes No
- 4. For all activities guided by subcontractors, are certificates of insurance obtained? Yes No

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____