

## Franchised Hotel Insurance Application

1. Applicant's Name: \_\_\_\_\_  
 Insured Web Address: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Applicant is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

4. Other applicants: \_\_\_\_\_  
 Relationship to the First Named Applicant: \_\_\_\_\_

5. Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Insured Contact Email address: \_\_\_\_\_

6. Proposed Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

7. Property Location Information:

Loc. No.	Street Address	City	County	State	Zip Code

8. Loss Information:  
 Have there been any losses in the past five years?  Yes  No  
 If yes, loss runs are required.

If no, please submit No Known Loss Affidavit.

Have there been any gaps in coverage in the past three years?  Yes  No  
 If yes, please explain: \_\_\_\_\_

9. Are there formal written safety and maintenance programs in operation?  Yes  No

10. Any uncorrected fire and/or safety code violations?  Yes  No  
 If yes, provide the occurrence date, explanation, resolution, and resolution date.

Occurrence Date	Explanation	Resolution	Resolution Date

11. Has the applicant had a foreclosure, bankruptcy, or filed for bankruptcy in the last five years?  Yes  No  
 If yes, provide the occurrence date, explanation, resolution, and resolution date.

Occurrence Date	Explanation	Resolution	Resolution Date

12. Number of Guest Rooms: \_\_\_\_\_ Occupancy Ratio: Current Year: \_\_\_\_\_% Expired Year: \_\_\_\_\_%  
 Hotel Revenues for: Current year: \$ \_\_\_\_\_ Expired Year: \$ \_\_\_\_\_  
 Number of Years in Business at this location: \_\_\_\_\_ Number of Months opened annually: \_\_\_\_\_  
 Number of Full-Time Employees: \_\_\_\_\_ Number of Part-Time Employees: \_\_\_\_\_  
 Do you have hourly rates?  Yes  No  
 Do you have weekly rates?  Yes  No  
 Do you have monthly rates?  Yes  No

If yes, type of clientele (seasonal workers, construction, displaced families): \_\_\_\_\_

If yes, maximum number of months a guest can stay: \_\_\_\_\_

Do any guests consider the hotel their permanent residence?  Yes  No

Does the manager/owner live on premises?  Yes  No

If yes, is the living quarters separate from the guests?  Yes  No

13. Additional Insureds – Provide Name, Address & Interest: Additional Insured (AI), Loss Payee (LP), Mortgagee (M), etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Coverages

Property

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Square Footage	Constr. Class	PC

15. Coverage Extensions

The following coverages are provided without additional charge at the limit indicated. For higher limits place indicate desired limit in space below. A \$500 deductible is applicable to these coverage extensions.

Coverage	Limited Provided	Desired Limit
Employee Dishonesty	\$10,000	\$
Ordinance or Law – A, B, and C	\$25,000	\$
Off Premises Utility Failure	\$10,000	\$
Outdoor Property Including Signs	\$10,000	\$
Sewer – Back Up	\$10,000	\$
Other:		\$

16. Property Information

a. Building Information (Indicate year of updates – attach a separate sheet if necessary)

Bldg. No.	Year built	Roof	HVAC	Plumbing	Electrical	No. of Floors	Sprinklered	Fire Alarm (Indicate L, P, or CS)
							Is it 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is it at least 75%? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
							Is it 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is it at least 75%? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS

\*(L=Local, P=Police Connected, CS=Central Station)

- b. Does building generate its own power (other than by power company), other than emergency (Generator) back-up power?  Yes  No
- c. Is there any aluminum wiring?  Yes  No
- d. Are electrical, plumbing and HVAC to current code?  Yes  No
- e. Does the premises meet NFPA 74 for hardwired smoke detectors with battery backup in guest rooms?  Yes  No
- f. Does the premise meet NFPA 30 for storing flammable & combustible liquids?  Yes  No
- g. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years?  Yes  No
- h. Distance to nearest fire hydrant? \_\_\_\_\_  
Distance to nearest Fire Department? \_\_\_\_\_
- i. Is the hotel on any State or National Historical listing?  Yes  No
- j. Do you have surge protectors on all equipment?  Yes  No
- k. Does the insured allow smoking in guest rooms or elsewhere within the buildings?  Yes  No
- l. Are there any rooms with Kitchenettes?  Yes  No  
If yes, do the rooms have wall mounted fire extinguishers in reach of the cooking area?  Yes  No
- m. Are exposed pipes wrapped / insulated?  Yes  No
- n. Are dryer ducts cleaned and maintained regularly?  Yes  No

17. General Liability

General Liability Limits: Per Occurrence: \$ \_\_\_\_\_ Per Aggregate: \$ \_\_\_\_\_

Medical Payments:  \$5,000  \$10,000  Excluded

Fire Damage Legal Liability:  \$100,000  \$300,000  \$500,000

Hired and Non-Owned Liability:  Exclude  Include

Employee Benefits Liability:  Exclude  Include

Wake-Up Call Liability:  Exclude  Include

Liquor Liability Coverage Limits: Per Occurrence: \$ \_\_\_\_\_ Per Aggregate: \$ \_\_\_\_\_

Restaurant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Basketball/Tennis Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saddle Animals/Rodeos	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spa	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fitness Center	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> No Pool		
Lounge	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, square feet:	
Playground	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Service Information		Receipts
Banquets	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Hotel		\$
Liquor		\$
Restaurant (excluding liquor)		\$
Other:		\$
<b>Total</b>		<b>\$</b>

Management Personnel:

Name	Years with Restaurant	Years Experience

18. General Liability Underwriting Information

- a. Current General Liability Deductible:  N/A  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000
- b. Has any policy been cancelled or non-renewed in the last three years?  Yes  No  
 If yes, for what reason: \_\_\_\_\_  
 (Question 18.b. is not applicable for Missouri domiciled insureds.)
- c. Are there any guard dogs on the premises?  Yes  No
- d. In the past five years, have there been any claims or allegations of Assault & Battery, Abuse &/or Molestation, or Bed Bugs?  Yes  No  
 If yes, please explain or attach details: \_\_\_\_\_
- e. Are firearms kept for protection on the premises?  Yes  No  
 In the past five years, have there been any claims, allegations, or incidents involving firearms?  Yes  No
- f. Are there any operations other than yours taking place on the premises?  Yes  No
- g. Do you lease any part of the building to others?  Yes  No  
 If yes, how many square feet? \_\_\_\_\_  
 Describe tenants: \_\_\_\_\_  
 Do you obtain hold-harmless agreements and are you added as an AI?  Yes  No
- h. Do you offer valet parking or shuttle service?  Yes  No  
 If yes, is it handled by your employees?  Yes  No  
 If yes, do you check the MVRs for these employees?  Yes  No
- i. Do you perform criminal background checks on all employees?  Yes  No
- j. Do tubs and showers have non-slip surfaces?  Yes  No
- k. Do tubs and showers have grab bars?  Yes  No
- l. Do guest room doors have peepholes?  Yes  No
- m. Do you have electronic key cards?  Yes  No
- n. Do guest rooms have self-closing doors?  Yes  No
- o. Is there an evacuation plan posted in each room?  Yes  No
- p. Are smoke detectors hard wired to the hotel's electrical system?  Yes  No
- q. Are there any unusable, unrentable rooms?  Yes  No  
 If yes, how many rooms and why? \_\_\_\_\_
- r. Are there exterior corridors and/or hallways?  Yes  No
- s. Are employee vehicles ever used to transport guests to airports or other venues?  Yes  No
- t. Are there any lakes, ponds, rivers or oceans near or on the premises?  Yes  No
- u. Is there a marina present?  Yes  No
- v. Do you sponsor any sporting or athletic events?  Yes  No
- w. Do you loan and/or rent ski equipment, ATVs, snowmobiles or other motorized equipment?  Yes  No
- x. Do you allow pets?  Yes  No  
 If yes, what is your pet policy (i.e., size, breed, daily charge)? \_\_\_\_\_
- y. Do you have a service contract in place for the monitoring and control of pests, including bed bugs?  Yes  No
- z. Are Certificates of Insurance required of all contractors, service providers, or vendors evidencing Additional Insured status and Hold Harmless/Waiver of Subrogation in the applicant's favor with limits equal to applicant's?  Yes  No

19. Restaurant Operation – **Answer the following only if you have a restaurant.**  N/A

- a. Do you provide off premises catering services?  Yes  No
- b. Do you offer delivery services?  Yes  No

- c. Do you sell food items including condiments under your own label?  Yes  No
- d. Indicate your current Health Department Rating:  A  B  C  D or below
- e. Indicate type of protection system:  Dry Chemical  Wet Chemical  CO2  
 Other: \_\_\_\_\_
- f. Is there a UL approved auto-extinguishing system over all cooking surfaces and fryers?  Yes  No
- g. Is there an automatic gas or electric shut-off for cooking with manual pull?  Yes  No
- h. How often are hoods and ducts cleaned under contracts:  Monthly  Quarterly  
 Semi-Annually  Annually
- i. Are portable extinguishers mounted and accessible to cooking areas?  Yes  No
- j. Are deep fryers equipped with an automatic thermostat shutoff if temperature exceeds 475°F?  Yes  No
- k. Do you have an annual service contract in place for fire protection?  Yes  No
- l. Do you have any outstanding code violations by the local Health Board?  Yes  No
20. Lounge Operation/Liquor Sales – **Answer the following only if you have a lounge or liquor sales.**  N/A
- a. Are there manager happy hours?  Yes  No  
If yes, what is served and what are the hours and days per week?  
\_\_\_\_\_
- b. Have employees been trained on sale of alcohol to minors and intoxicated people?  Yes  No
- c. Are IDs checked to verify age of customers buying liquor or alcohol?  Yes  No
- d. How many years have you had your liquor license? \_\_\_\_\_  
Do you have a dance floor? If yes, advise total square feet: \_\_\_\_\_  
Do you have live entertainment? If yes, what type? \_\_\_\_\_
- e. Do you offer any special promotion nights (e.g., Ladies Nights, 2 for 1s, etc.)?  Yes  No
- f. Do you have TIPS/TOPS training or the equivalent program?  Yes  No
21. Swimming Pools/Hot Tubs/Saunas – **Answer the following only if you have a pool, hot tub or sauna.**  N/A
- a. Do you have a diving board?  Yes  No
- b. Do you have a waterslide?  Yes  No
- c. Does the pool have an anti-vortex drain?  Yes  No
- d. Does the pool have a fence with a childproof latch if it is an outdoor pool?  Yes  No
- e. Are the pool depths clearly marked on the top and sides of the pool?  Yes  No
- f. What is the maximum depth of the pool? \_\_\_\_\_ ft.
- g. Do you have a hot tub?  Yes  No  
If yes, do you have posted signage limiting the time to 30 minutes and warning labels?  Yes  No
- h. Do you have a sauna?  Yes  No  
If yes, do you have posted signage limiting the time to 30 minutes and warning labels?  Yes  No
22. Playgrounds – **Answer the following only if you have a playground.**  N/A
- a. Playgrounds with equipment that moves (i.e. merry-go-rounds, rotating fun-houses, etc.) or which equipment that exceed six feet in height?  Yes  No
- b. Ropes courses and zip lines?  Yes  No
- c. Is playground equipment secured to the ground?  Yes  No
- d. Is surface under playground soft such as sand or rubber?  Yes  No
- e. Are there Trampolines?  Yes  No
23. Crime/Theft Information
- a. Other than the main entry doors, do all other doors have limited access for guests only?  Yes  No
- b. Do you have a safe on the premises?  Yes  No
- c. Are deposits made on a daily basis?  Yes  No
- d. What is the maximum amount of cash in all registers at any one time? \$ \_\_\_\_\_
- e. Are surveillance cameras installed on the premises?  Yes  No  
If yes, how many cameras? \_\_\_\_\_ Do they have night vision?  Yes  No  
How long are the tapes kept? \_\_\_\_\_
- f. Are there any security guards on the premises?  Yes  No  
If yes, are they armed?  Yes  No  
If yes, are they:  Employees  Independent Contractors
- g. How many times have the authorities been called to your premises in the past five years? \_\_\_\_\_  
Describe reason(s): \_\_\_\_\_

*The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.*

*It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.*

*It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.*

\_\_\_\_\_  
Insured Name (type or print)                      Insured Signature                      Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

\_\_\_\_\_  
Producer Name (Type or Print)                      Producer Signature                      Date                      License #

**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

**FRAUD WARNINGS**

**GENERAL:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**The fraud warnings listed below are applicable in the following states: AL, AZ, AR, CA, CO, DC, FL, ID, KY, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, TN, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.**

**ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly

presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

**RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.