

Franchised Hotel Insurance Application

Failure to provide the completed Application signed, dated and returned by the Insured and Producer may result in quote to be modified or withdrawn and / or the issued policy to be cancelled.

- Applicant's Name: _____
 Insured Web Address: _____
- Mailing Address: _____
- Applicant is: Individual Partnership Corporation Other: _____
- Other applicants: _____
 Relationship to the First Named Applicant: _____
- Contact Name: _____ Phone Number: _____
 Insured Contact Email address: _____
- Proposed Effective Date: From: _____ To: _____

7. Property Location Information:

Loc. No.	Street Address	City	County	State	Zip Code

- 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

- 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
 Do you have a contract for guests with your local city, municipality or state? Yes No
 Will you accept a housing contract with your local city, municipality or state? 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. Do you have surge protectors on all equipment? Yes No
- j. Does the insured allow smoking in guest rooms or elsewhere within the buildings? Yes No
- k. 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
- l. Are exposed pipes wrapped / insulated? Yes No
- m. Are dryer ducts cleaned and maintained regularly? Yes No
- n. Does the Building have EIFS cladding or constructions? If yes, complete Question # 25. 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:		\$
Total		\$

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 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. Abusive Acts – Human Trafficking Information and Controls

- a. Is there a written policy with procedures for screening and performing Criminal AND Background checks of all prospective employees? Yes No
- b. Does the insured have a written policy detailing training, detection, reporting and documentation for Abusive Acts and Human Trafficking? Yes No

- c. If no written Abusive Act and/or Human Trafficking policy is in place, is one under development? Yes No
Estimated date of implementation: _____
- d. Does the Abusive Acts and Human Trafficking policy include sections on:
 - i. Sex Trafficking? Yes No
 - ii. Labor Trafficking? Yes No
 - iii. Drug Trafficking? Yes No
 - iv. Indicators and Warning signs of human trafficking? Yes No
 - v. Reporting of a suspected occurrence? Yes No
 - vi. Internal procedures to identify and alert staff to a potential increase in trafficking due to a special event? Yes No
- e. Does the Abusive Acts and Human Trafficking training program include "department specific" indicators for:
 - i. Front Desk – Guest Services Yes No
 - ii. Food and Beverage (Bartenders, Wait Staff, etc) Yes No
 - iii. Housekeeping Yes No
 - iv. Security / Engineering Yes No
 - v. Spa, Fitness, Golf, Tennis, etc. Yes No
- f. Abusive Acts and Human Trafficking training completed:
 - i. Upon hiring? Yes No
 - ii. Annually? Yes No

20. 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

21. 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. Are IDs checked to verify age of customers buying liquor or alcohol? Yes No
- c. 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? _____
- d. Do you offer any special promotion nights (e.g., Ladies Nights, 2 for 1s, etc.)? Yes No
- e. Do you have TIPS/TOPS training or the equivalent program? Yes No

22. 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

23. 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

24. 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 premises or in-room safes? 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): _____

25. Exterior Insulation and Finish Systems (EIFS)

- a. Does the building have EIFS cladding and construction Yes No Unsure
 If yes, please provide details of EIFS construction, type (barrier or drainage), and percentage of wall surface area covered: _____
- b. Was the exterior system installed by a certified contractor? Yes No
 i. Is the installer certified contractor? Yes No
 ii. Is EIFS the primary type of installations in which the contractor specializes? Yes No
 iii. Are there any remaining warranties on the installation? Yes No
 iv. Is the installing contractor still in business? Yes No
 v. Contractors Name: _____ Contractors License #: _____
- c. Is the hotels exterior facade being renovated? Yes No
 i. If yes, is it being done by a certified contractor on-site? Yes No
 ii. Contractors Name: _____
- d. What is the lowest point on the building having EIFS? _____
 i. Does the lowest point of EIFS on the building meet the ground? Yes No
- e. Are any penetrations present – holes or cracks that would permit seepage to enter? Yes No
- f. Are the windows surrounds (outer perimeter of window) sealed properly? Yes No
- g. Is there any mold or mildew growth present? Yes No
- h. Have Questions e. through g. within question 25 been verified by a certified Engineer and/or Contractor? Yes No
- i. Has a certified EIFS contractor come out and done an inspection in the last 12 months? Yes No
 If yes, please provide the inspection report.
 Contractors Name: _____
- j. Are there fire hydrants on-site? Yes No
- k. If yes, what is the distance from the fire hydrant to the building? _____ feet
- l. Is the Fire Department Paid or Volunteer? Paid Volunteer
- m. What is the distance to the fire department? _____ miles

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.