

A UNIT OF RSG UNDERWRITING MANAGERS

Franchised Hotel Insurance Application

1. Applicant's Name: _____

Insured Email 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: _____

6. Proposed Effective Date: From: _____ To: _____

7. Are you a member of IHG Owner's Association? Yes No

If yes, please provide member number: _____

8. Property Location Information:

Loc. No.	Street Address	City	County	State	Zip Code

9. Loss Information:

Have there been any losses in the past five years? Yes No

If yes, please submit loss runs.

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: _____

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

11. 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

12. 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

13. Number of Guest Rooms: _____ Occupancy Ratio: _____

Number of Years in Business at this location: _____ Number of Full-Time Employees: _____

Number of Part-Time Employees: _____ Number of Months opened annually: _____

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

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

15. Coverages

Property

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

16. 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: _____		\$

17. 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

18. General Liability

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

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

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: 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

19. General Liability Underwriting Information

- a. Has any policy been cancelled or non-renewed in the last three years? Yes No
 If yes, for what reason: _____
- b. Are there any guard dogs on the premises? Yes No
- c. 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: _____

- d. 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
- e. Are there any operations other than yours taking place on the premises? Yes No
- f. 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
- g. 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
- h. Do you perform criminal background checks on all employees? Yes No
- i. Do tubs and showers have non-slip surfaces? Yes No
- j. Do tubs and showers have grab bars? Yes No
- k. Do guest rooms have peepholes? Yes No
- l. Do you have electronic key cards? Yes No
- m. Do guest rooms have self-closing doors? Yes No
- n. Is there an evacuation plan in each room? Yes No
- o. Are smoke detectors hard wired to the hotel's electrical system? Yes No
- p. Are there any unusable, unrentable rooms? Yes No

If yes, how many rooms and why? _____

- q. Are there exterior corridors/hallways? Yes No
- r. Are employee vehicles ever used to transport guests to airports or other venues? Yes No
- s. Are there any lakes, ponds, rivers or oceans near or on the premises? Yes No
- t. Is there a marina present? Yes No
- u. Do you sponsor any sporting event? Yes No
- v. Do you loan/rent ski equipment, ATVs, snowmobiles or other motorized equipment? Yes No
- w. Do you allow pets? Yes No

If yes, what is your pet policy (i.e., size, breed, daily charge)? _____

- x. Do you have a service contract in place for the monitoring and control of pests, including bed bugs? Yes No
- y. 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

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
- Deductible: \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

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 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? _____
 - e. Do you have a dance floor? Yes No
If yes, advise total square feet: _____
 - f. Do you have live entertainment? Yes No
If yes, what? _____
 - g. Do you offer any special promotion nights (e.g., Ladies Nights, 2 for 1s, etc.)? Yes No
 - h. Do you have TIPS/TOPS training or the equivalent? 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 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 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 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 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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)*presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)*presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*.

*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits.

*Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.