

Is room rented by: Hour? Day? Week? Month?

h. What is the average room occupancy rate %?

i. Is risk seasonal? Yes No
If yes, what months is the business open?

j. Does applicant lease any other commercial operations?
 Restaurant/Bar? Gift Shop? Other?
If so, are certificates of insurance obtained listing applicant as additional insured?
 Yes No

k. Is there onsite valet parking? Yes No
If yes, is staff: Employees Outside company?
If outside operation, confirm certificates of insurance are obtained.

l. Any Time Share Resort Exposure?
If so, any amenities?

9. Safety Precautions and Security Information:

a. Central station fire alarm Yes No

b. Is there a Sprinkler System? Yes No
If yes, in all rooms or common areas only?

c. Working Standpipes on every floor? Yes No

d. Smoke Detectors in every room? Yes No
 Battery Hardwired

e. Fire Extinguishers in all units and common areas? Yes No

f. Is emergency lighting in place? Yes No

g. Do rooms have secondary locking devices? Yes No

h. Do tubs/showers have non-skid surfaces? Yes No

i. Are peep holes in each room door? Yes No

j. Are dead bolts in each room door? Yes No

k. Do adjoining room doors have deadbolt locks? Yes No

l. Is there a minimum of two means of egress? Yes No

m. Is there a written evacuation plan? Yes No

n. Is there an elevator evacuation plan? Yes No

o. Are background checks run on all employees? Yes No

p. Is a hotel manager present on site at all times? Yes No

- q. Are employees required to wear ID badges at all times? Yes No
- r. Is security provided? Yes No

If yes, is it 24 hour security?

Type of security? Armed Unarmed

Employee?

Payroll: \$

Independent/Contracted

Cost: \$

If yes, are Certificates of Insurance obtained?

10. Restaurant Exposure (Answer the following only if Restaurant/Bar exists and is operated by the insured):

- a. What is total revenue for food? Alcohol?
- b. Type of clientele? Family Students Blue Collar Business Travelers
- c. Average age groups: 18-25 26-35 Over 35
- d. Is there a metal hood and duct covering all cooking areas? Yes No
- e. Is an automatic extinguishing system in place? Yes No
- f. Are filters, ducts and hoods cleaned on a regular basis? Yes No
- g. Is there entertainment? Yes No
If so, what type and how often?
- h. Do liquor servers receive training in alcohol awareness (TIPS, etc.)? Yes No

11. Swimming Pool Exposure (Answer the following only if a Swimming Pool exists):

- a. Number of Pools and/or Spas?
- b. Is pool fenced with self locking gate? Yes No
If yes, how high is fence ?
- c. Do any doors open directly into the pool area? Yes No
- d. Is there a diving board? Yes No
If yes, how high?
- e. Is there a slide? Yes No
If yes, how high?
- f. Are depth markings clearly shown? Yes No
- g. Are warning signs and rules posted and clearly visible? Yes No
- h. Is proper safety equipment provided at poolside? Yes No
- i. What are the pool hours?
- j. Is there underwater lighting? Yes No
- k. Are there steps into shallow end with handrails? Yes No

- l. Are there any ADA lifts installed? Yes No
 If yes, are lifts Fixed Non Fixed
 Who is responsible for operating the lift?
- m. Is pool/spa in compliance with all federal, state and local regulations including, but not limited to the Virginia Graeme Baker Act and any similar regulations? Yes No
- n. Are there lifeguards on duty? Yes No

Other exposures:

Give details of any other exposures such as boats, lakes, marinas, tennis courts, basketball courts, exercise room, biker rental operations, daycare, etc.?

Applicant Name	Applicant Signature	Date
Producer Name	Producer Signature	Date

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: 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 or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

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

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.