

HOTEL / MOTEL APPLICATION

TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

1. NAME OF APPLICANT: _____ SSN: _____

DBA: _____

MAILING ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

2. INSPECTION CONTACT: _____ PHONE: _____

3. LOCATION OF RISK: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

4. EXPIRING CARRIER: _____ EXP DATE: _____ PREMIUM: _____

5. CLASSIFICATION OF RISK (PLEASE LIST (I.E., HOTEL, MOTEL, BED & BREAKFAST, ETC...)):

6. NUMBER OF YEARS AT LOCATION: _____

IF LESS THAN 3 YRS AT THIS LOCATION, LIST PREVIOUS EXPERIENCE: _____

7. DOES OWNER OPERATE & MANAGE THIS RISK? YES NO

8. IS APPLICANT OPEN NOW? YES NO IF "NO", EXPLAIN: _____

9. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE

BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURES ANY LITIGATIONS

IF YES, PLEASE EXPLAIN: _____

10. BUILDING SECTION: _____ PROTECTION CLASS: _____

YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____

YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____

EMERGENCY LIGHTING? YES NO

CIRCUIT BREAKERS? YES NO

SMOKE DETECTORS? YES NO IF YES ⇨ ELECTRIC BATTERY POWERED

FIRE ALARM? YES NO IF YES ⇨ TYPE: _____

BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____

SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____

ADVANCED E&S INSURANCE UNDERWRITERS

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11. SUPPLEMENTAL INFORMATION:

- ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS? YES NO
- DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO
- WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS? YES NO
- COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING? YES NO
- COPPER PLUMBING THROUGHOUT? YES NO
- ANY WOOD SHAKE ROOFING OR MANSARD? YES NO
- ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS? YES NO
- ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED? YES NO
- ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS BY A TENANT? YES NO
- HVAC SYSTEM UNDER MAINTENANCE CONTRACT? YES NO
- DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT? YES NO
- DO YOU REQUIRE YOUR TENANTS TO PROVIDE INSURANCE FOR THEIR RENTAL UNITS? YES NO
- DO YOU REQUIRE YOUR COMMERCIAL TENANTS TO PROVIDE INS. FOR THEIR UNITS? YES NO
- DO YOU RUN BACKGROUND CHECKS ON TENANTS PRIOR TO RENTING? YES NO

12. GENERAL INFORMATION

- ARE COOKING FACILITIES PROVIDED IN THE ROOMS? YES NO
 IF YES, HOW MANY ROOMS? _____
- ANY COOKING DONE? YES NO
 IF YES, PLEASE EXPLAIN: _____
 ANSUL SYSTEM: _____ SERVICE AGREEMENT: _____
 FREQUENCY OF SERVICE & CLEANING: ANSUL: _____ HOODS & DUCTS: _____
- DOES THE RISK EMPLOYEE SECURITY GUARDS? YES NO
 IF OUTSIDE SECURITY FIRM, ARE CERTIFICATES OF INSURANCE REQUIRED? YES NO
- IN THE LAST 12 MONTHS HAVE ANY EMERGENCY SERVICES BEEN CALLED (I.E., POLICE, FIRE) YES NO
 IF YES, EXPLAIN: _____
- FIREARMS ON PREMISES? YES NO
- BUSINESS SEASONAL? YES NO IF SO, HOW MANY MONTHS CLOSED? _____
- NEIGHBORHOOD CRIME & V&MM EXPOSURE _____ HIGH _____ MODERATE _____ LOW

13. RECREATIONAL FACILITIES

- PLAYGROUNDS OR PLAYROOMS? YES NO WEIGHTS/EXERCISE ROOM? YES NO
- ANY POOLS? YES NO
 IF YES, NUMBER OF POOLS: _____
- HAVE A DIVING BOARD? YES NO HAVE A SLIDING BOARD? YES NO
- LIFESAVING EQUIPMENT? YES NO HAVE DEPTH MARKERS? YES NO

14. **PROPERTY SECTION:**

DOES APPLICANT OWN BUILDING? YES NO REQUIRED BY LEASE TO INSURE BLDG? YES NO

BUILDING LIMIT: \$ _____ Co-INS % _____ ACV RC DED. \$ _____

CONTENTS LIMIT: \$ _____ Co-INS % _____ ACV RC DED. \$ _____

BUSINESS INCOME LIMIT: \$ _____ CONTRIBUTION / Co-INS % _____

BUSINESS INCOME WITH EXTRA EXPENSE YES NO IF NOT ANSWERED, WILL BE RATED WITHOUT

GLASS BREAKAGE: YES NO -----> LIMIT: \$ _____ DED. \$ _____

PROPERTY COVERAGE EXTENSION ENDORSEMENT: YES NO

(INCLUDES COVERAGE FOR CRIME-M&S, OUTDOOR PROPERTY, PERS PROP OF OTHERS, SPOILAGE & VALUABLE PAPERS)

15. **GENERAL LIABILITY SECTION:**

OCCURRENCE LIMIT: \$ _____ AGGREGATE: \$ _____

ESTIMATED ANNUAL RECEIPTS:

ROOM RENTAL RECEIPTS: _____

FOOD RECEIPTS: _____ LIQUOR RECEIPTS: _____

OCCUPANCY:

AVERAGE OCCUPANCY: _____ ARE ANY ROOM RENTED FOR LESS THAN ONE NIGHT: _____

SQUARE FOOTAGE: TOTAL BUILDING: _____ SQ FT

No. of ROOMS: _____

RESTAURANT: _____ SQ FT OTHER EXPOSURES: _____

OFF PREMISE PARKING: YES NO IF YES ⇨ LIST ADDRESS AND SQUARE FOOTAGE: _____

16. **ADDITIONAL INTERESTS:**

MORTGAGEE AND ADDRESS 1ST _____

CHECK IF NONE 2ND _____

ADDITIONAL INSURED 1ST _____

CHECK IF NONE 2ND _____

LOSS PAYEES 1ST _____

CHECK IF NONE 2ND _____

17. CLAIMS SECTION:

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

GENERAL LIABILITY CLAIMS: _____

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS