



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERCIAL PROPERTY SECTION

6. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No

7. Premises Information:

Loc #	BLD #	Exposure	Amount Requested	Coins. %	Monthly Limitation	ACV/Repl. Cost	Cause of Loss	Deductible	Occupied As
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Building	\$					\$	
		Contents	\$					\$	
		Business Interruption	\$		1/3			\$	
					1/4				
					1/6				
		Other	\$					\$	
		Other	\$					\$	
			\$					\$	
Loc #	BLD #	Mortgagee		Loss Payee					

Construction type: _____ **Year of Updates:** _____
 Protection class: _____ Wiring? Year: _____ Burglar alarm type: Local Central Station
 Number of stories: _____ Heating? Year: _____ Fire alarm type: Local Central Station
 Total square foot area: _____ Plumbing? Year: _____ Sprinklered? Yes No
 Year built: _____ Roof? Year: _____ Operable Smoke Detectors? Yes No



MOTEL PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent: _____ Phone No.: _____
--	--

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Operation:** Hotel Motel Tourist Courts/Cabins Resort Dude Ranch
 Other (describe): _____

2. **Number of rooms:** _____ Average room charge: _____ Average occupancy rate: _____%
 Room rental by the: Hour Day Week Month Other (describe): _____

3. **Any area leased/rented to others?**..... Yes No
 If yes, to whom? _____
 Describe how leased area is used and square footage: _____ Area: _____ Sq. Ft.

4. **Does applicant have a national affiliation?**..... Yes No
 If yes, with whom? _____

5. **Recommended by local Chamber of Commerce or American Automobile Association (AAA)?** Yes No

6. **Building information/protection:**
 Number of stories: _____ Construction: _____
 Central station fire alarm Local fire alarm Emergency lighting Sprinklered
 Standpipes and hose Guest rooms have operating smoke detectors

7. **Number of:**

Baseball parks		Racquetball courts		Spa/hot tubs	
Basketball courts		Saunas		Tennis courts	
Boat docks/slips		Shuffleboard courts		Volleyball courts	
Playgrounds		Ski lifts/tows		Other:	

8. Annual gross sales for applicants' and their concessionaires' operations:

- \$ _____ Room rental
- \$ _____ Convenience store Number of stores: _____
- \$ _____ Food from restaurant..... Number of restaurants or lounges: _____
- \$ _____ Liquor from restaurant or lounge
- \$ _____ Conferences and conventions..... Maximum occupancy for premises: _____
- \$ _____ Health or swim club Number of members: _____
- \$ _____ Equipment rental (snowmobiles, boats, skis, etc.) ... Type of equipment: _____
- \$ _____ Other (describe): _____
- \$ _____ **Total sales from above**

9. Other operations/exposures:

- a. Boats?** Yes No
If yes: Number of boats: _____
Type (sail, power, canoe, etc.): _____
- b. Clubhouses including exercise room?** Yes No
If yes: Square footage: _____
- c. Fuel sales?**..... Yes No
If yes: Gallons sold per year: _____
- d. Golf course?** Yes No
If yes: Gross sales: _____
- e. Lakes?** Yes No
If yes: Number of acres: _____
- f. Park?** Yes No
If yes: Number of acres: _____
- g. Recreational equipment rental other than canoes and rowboats?**..... Yes No
If yes: Describe: _____
- h. Saddle animals?** Yes No
If yes: Number of animals: _____
Describe type of animal: _____
- i. Shooting ranges?**..... Yes No
If yes: Number of ranges: _____
Type (archery/skeet/trap/etc.): _____
- j. Swimming?** Yes No
 - (1) Are there indoor pools?** Yes No
If yes: Number of indoor pools: _____
 - (2) Are there outdoor pools?** Yes No
If yes: In-ground Above-ground Number of outdoor pools: _____
 - (3) Are there wading pools?**..... Yes No
If yes: Number of wading pools: _____
 - (4) Are there bathing beaches?** Yes No
If yes: Ocean beach Lake/river beach Number of beaches: _____
 - (5) Are there diving boards/slides/rafts/platforms?** Yes No
If yes: Number of diving boards/slides/rafts/platforms: _____
Board/platform height: _____ Slide height: _____

- (6) Are swimming rules posted? Yes No
- (7) Are depths of pool markings clearly visible? Yes No
- (8) Are outdoor pools fenced with a self-latching gate or enclosed by the building structure with no direct access to roadways or parking areas? Yes No
- (9) Is life-safety equipment available at pool side? Yes No
- (10) Is a certified lifeguard available when swimming is allowed? Yes No
- (11) Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

k. Trails?..... Yes No
 If yes: Number of bike trail miles: _____
 Number of horse trail miles: _____
 Other (describe): _____

10. Describe any additional recreational facilities or operations conducted on the premises: _____

11. Innkeepers Liability limit:
 \$1,000 Per Occurrence/\$10,000 Aggregate \$2,500 Per Occurrence/\$25,000 Aggregate None

- 12. Security:**
- a. Are employees required to wear ID badges at all times? Yes No
 - b. Do room doors have viewing devices (peep holes)? Yes No
 - c. Do room doors have deadbolt locks and door chains? Yes No
 - d. Are door keys or card keys for electronic locks? Yes No
 - e. Do adjoining room doors have deadbolt locks? Yes No
 - f. Do sliding glass doors have security bars or poles within door tracks? Yes No
 - g. Are guest names and room numbers released to others? Yes No
 - h. Do rooms contain security instructions for guests? Yes No
 - i. Does facility have CCTV for monitoring parking and entrances? Yes No
 - j. Are there security guards? Yes No
- If yes: Number of employed security guards: Armed: _____ Unarmed: _____
 Number of contracted security guards: Armed: _____ Unarmed: _____

13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, describe: _____

14. Does applicant have any other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable to Oregon.)**

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 fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 of the third degree.

NOTICE TO LOUISIANA 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 MAINE 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 may include imprisonment, fines or a 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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: 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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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 include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction,

damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

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.