

Program Administrator:

Distinguished Programs
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New York, NY 10036
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Lead Insurer:

ACE Property & Cas. Ins. Co. , or
Illinois Union Ins. Co. (in the state of Louisiana)

Excess Insurer(s):

To be determined

Distinguished Hospitality and Real Estate: Amenities Supplemental

For Midscale, Full Service, Boutique and Luxury Hotels, Casino Hotels & Resorts

This Supplement is in addition to, not in lieu of, the Distinguished Umbrella Application. One supplemental application must be completed for each location as necessary.

SECTION I: Broker Details

Brokerage Name:

Contact Name:

Contact Email:

SECTION II: Insured Information

Name Insured:

Location Name:

INSTRUCTIONS: Please complete the appropriate supplemental section(s) for your risk, then go to the last page and complete the signature section. Please mark "N/A" for any section that does not apply; each section must be marked.

Live Entertainment Supplemental Application

N/A

1. Does applicant charge a cover charge? Yes No
2. Does applicant have a dance floor? Yes No
3. If yes, square feet of dance floor:
4. Is there any use of pyrotechnics? Yes No
5. Does applicant employ security personnel for the bar or lounge area? Yes No
6. What is the maximum capacity of the entertainment space?
7. Is there an outdoor event space? Yes No
 - a. If Yes, what is the max capacity?
 - b. If Yes, please provide detailed description including schematic showing layout of the surrounding area.
8. Does the entertainment venue have at least 2 means of egress per 1,000 person capacity? Yes No
9. For event space with capacity >300 please provide detailed description of entry controls and security details.

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

Gaming/Casino Supplemental Application

N/A

1. NOT ELIGIBLE:

a. We will not write any motorized floating casinos.

2. Casino square feet:

3. Casino payroll:

4. Is there an RV park? Yes No

a. If yes, please provide number of spaces.

5. Is there a floating casino? Yes No

a. If yes, is the casino permanently moored or bermed? Yes No If yes, please complete the "Watercraft" section of this application and submit full underwriting information regarding P&I coverage.

b. How is it secured?

c. On what body of water is the vessel located? How heavy is the traffic?

d. What is in place to protect the casino from being hit by river traffic?

e. Is the vessel moved at any time during the year for maintenance? Yes No

f. Is there a bridge or anything downstream that the vessel could hit if the barge breaks free? Yes No

g. How often are the moorings inspected?

h. Does the insured have an emergency response plan if the casino boat/barge is knocked off its moorings?
 Yes No

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

Childcare Supplemental Application

N/A

Check all that apply:

1st Party – In-room babysitting: Abuse/Molestation will be excluded.

3rd Party – In-room babysitting: 3rd party liability policy must include \$1mm limit including Abuse/Molestation coverage with no sublimit, else we exclude.

1st Party – Other babysitting/childcare.

3rd Party – Other babysitting/childcare: 3rd party liability policy must include Abuse/Molestation coverage with no sublimit, else we exclude.

1. NOT ELIGIBLE:

i. We will not write any risk that transports children to/from any off-site facility.

ii. We will not write any risk that provides childcare for employees, tenants or non-guests.

2. ELIGIBLE WITH RESTRICTIONS:

i. At least two (2) adults must always be in attendance.

ii. The following must be secured prior to accepting a child for care:

a) Permission slip including waiver form

b) Health information including wording for allergies

c) Parental contact information for an emergency situation (i.e. cell phone, beeper, location)

iii. Must have check-in and check-out procedures in place including requirement of identification from authorized adult for check-out.

iv. Must have the following worker screening practices in place; written employment application, criminal check, reference check; certification in CPR & First Aid and training in site-specific emergency procedures.

v. 3rd party operation requirements:

a) Insured must receive annual Certificate of Insurance showing Additional Insured status & \$1MM limit including abuse/molestation coverage with no sublimit.

b) Hold harmless, indemnification & waiver of subrogation in favor of the hotel

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

By checking this box, I acknowledge that I have read the above and I would like to continue with Sexual Abuse/Molestation coverage EXCLUDED from the Umbrella.

Resort Supplemental Application

N/A

Waterpark/Water Slides/Lazy River:

1. NOT ELIGIBLE:

- i. Waterslide funnel
- ii. Wave pool
- iii. Parks that are open to the public or to employees
- iv. Lazy rivers with change in elevation or waterfalls

2. ELIGIBLE WITH RESTRICTIONS:

The waterpark must meet the following criteria to be eligible for coverage under the umbrella liability policy:

- i. A certified lifeguard must be on duty during all hours of operation and monitor number of guests on waterslide.
- ii. Safety equipment must be available and in clear view.
- iii. Rules are posted in a clearly visible manner including "No Diving".
- iv. Headfirst sliding must be prohibited.
- v. Only one guest allowed to slide at a time.
- vi. Proper signage in place including height requirements and hours.

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

Additional Waterpark Questions:

- 1. # of waterslides:
- 2. # of lazy rivers:
- 3. Please provide dimensions of each water feature including height and length
- 4. Is the waterpark accredited by a waterpark association? Yes No

Waterfront/Beach:

1. The following criteria must be met to be eligible for coverage under the umbrella liability policy:

- i. Beach rules & safety tips must be posted in a public area and/or distributed to guests.
- ii. A waiver of liability must be signed by all participants in waterfront activities.
- iii. We require a minimum underlying limit of \$5 million for the following activities: scuba diving, surfing, kite boarding and wind surfing.
- iv. We require a minimum underlying limit of at least \$10M for motorized watersports such as: parasailing, jet skiing, water skiing

2. The beach area must be public access with "use at your own risk" warning signs clearly posted.

3. There must be surf-flagging provided on the beach (for saltwater locations).

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

Watercraft or Watersports:

Motorized:

Non-Motorized:

Provide a copy of the P&I policy showing minimum limits of \$5 million, carrier(s), term and schedule of vessels including length, horsepower & passenger capacity.

- 1. Number of motorized vessels:
- 2. Any watercraft used for waterski / tow behind operations? Yes No
- 3. Is a liability waiver required for guest-operated or rented watercraft? Yes No
- 4. Is any vessel piloted by a licensed captain? Yes No No. of Crew:
- 5. Radius of operations:
- 6. Provide details regarding speed governors, hours of operation, age screening & experience.

7. Is liquor served? Yes No

Are there any excursions/cruises offered? Yes No

Dock/Marina/Pier or Wharf:

Provide a copy of the MOLL policy showing minimum limits of \$5M, carrier(s) & term. At least 5 years' currently valued MOLL loss runs must be reviewed in order to consider scheduling MOLL coverage.

1. # of boat slips:
How many of these are deep water slips?
How many are overnight slips?
2. Any permanent occupancy? Yes No
3. Any fueling operations? *(If yes, we will exclude pollution for the marina fueling operations)* Yes No
If so, is separate pollution coverage in place? Yes No
Limit:
4. Any other marina services? Yes No
If yes, please list: Example: convenience store, security, electric, waste pumping service, etc.
5. What are the moorage and service fees?
6. Are "No Swimming" signs posted and is this strictly enforced? Yes No
7. Is electrical hookup provided? Yes No
If yes, provide details on how often the system is inspected, which third party inspection provider does the inspections and what fire protection is provided at the marina:
8. What is the maximum size of vessel that can be moored?
9. What is the average value of vessels moored at the marina during peak usage?
10. Does the marina, pier, dock or wharf extend more than 25 feet into the waterway? Yes No
11. Is coverage for Care/Custody/Control of watercraft requested? Yes No

Treatment Facilities:

Is any water, wastewater, electricity generation or sewage treatment services provided to others outside of the resort? *(We will exclude Failure to Supply.)* Yes No

8. If yes, please describe:

Amusements (Including Amusement Parks or Rides including Mechanical Bull or Surf-Rider):

1. Are waivers required for use of the amusement(s)? Yes No
2. Please describe the exposure.
3. What safety controls are in place for the amusements?
4. Are there age restrictions? Please describe:
5. Is there specialized insurance coverage in place for this exposure? Yes No
6. Please provide a copy of the policy or quote.

Bicycle/Scooter:

1. Please describe equipment available:
2. The following criteria must be met:
 - a. A signed liability waiver is required for use of equipment.
 - b. Helmets must be offered to guests.
 - c. If bicycles are ridden on public streets, use of helmets must be required.
 - d. If any of the equipment is motorized the following additional criteria must be met:
 - i. Only pedal-assist bikes will be considered, no throttle bicycles.
 - ii. Participants must be 18 years of age or older.
 - iii. A liability waiver must be signed prior to use.
 - iv. Helmet use must be mandated.
 - v. Maintenance including daily safety checks should be documented.
 - vi. Training and proper use is demonstrated before use.

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

Contact Sports (such as boxing, MMA/UFC fighting, rodeo, cheerleading exhibition or similar):

1. Please list the exposures offered:

Note: Quote will include an exclusion for "Athletic Participants".

Camping/RV Park: *We will not write stand-alone Camping or RV Park locations but can consider mixed-use locations and exposure associated with a casino location.*

Please describe exposure including number of sites?

Do sites include electrical hookups? Yes No

Do any sites include firepits or allow campfires? Yes No

Is there a sewage dump? Yes No

Are any of the following amenities devoted to the campground/RV park?

1. Swimming pool Yes No

2. Bathrooms/showers Yes No

3. Grocery/Sundry store Yes No

4. Other (please describe) Yes No

Cigar Bar, Oxygen Bar or Hookah Bar:

1. Please describe exposure:

Note: presence of a cigar bar or hookah bar will require a Tobacco Exclusion

Ski Exposure:

1. Does the insured groom paths for cross country skiing? Yes No

2. If yes, how frequently are paths groomed?

3. Is any ski equipment provided to guests? Yes No

a. If yes, what equipment is provided?

b. Is a signed waiver required for use of equipment? Yes No

4. Is downhill ski exposure or lifts present? Yes No

5. Is a ski valet exposure present? Yes No

a. If yes, is this first or third party exposure? First Party Third Party

b. If third party, does the insured collect annual COI reflecting AI and with >\$1M GL limit required? Yes No

c. Is ski/snowboard waxing offered? Yes No

6. Does the insured offer packages which include ski passes? Yes No

a. If yes, is there a contract in place with the ski resort(s) which holds the hotel harmless, indemnifies them and requires annual COI reflecting AI and with >\$1M GL limit required? Yes No

Note: If downhill ski exposure or lifts are present we will exclude this exposure. Ski-in/ski-out is acceptable.

Golf:

1. How many holes in total for the course(s)?

2. Golf Receipts: \$

3. Approximately how many rounds of golf are sold in a year?

4. Does the course allow golf carts? Yes No

a. If yes, is there an age limit for use of golf carts? Yes No

b. Are golf cart speeds regulated? Yes No

c. Is course hilly or does the course have a history of carts overturning? Yes No

5. Are there any large golf events such as PGA events? Yes No

6. Do groundskeepers use EPA certified fertilizers? Yes No

7. Do groundskeepers use proper safety gear and proper application methods? Yes No

Shooting / Archery/Hunting:

1. Is there a certified range master? Yes No
2. What certification is required?

Hot Air Balloons:

1. Does the insured ever allow hot air balloons to launch from the property? Yes No
2. Does the insured offer a hot air balloon festival or night-lighting? Yes No
 - a. If so, are guests allowed to get into balloon baskets or to ride in balloons? Yes No
3. Does the insured offer packages that include hot air balloon rides? Yes No
If yes, is there a contract in place with the ski resort(s) which holds the hotel harmless, indemnifies them and requires annual COI reflecting AI and with at least \$10M GL limit required? Yes No

Axe/Knife Throwing:

1. Is the throwing range entirely enclosed, including net or behind target and between ranges? Yes No
2. Is a waiver required for use of the range? Yes No
3. Is an employee present and providing instruction at all times? Yes No
4. Is there an age restriction on participation? What ages are eligible? Yes No

Equestrian:

1. # of horses:
2. First- or Third-party operation? First Third
3. Which of the following activities are offered?

<input type="checkbox"/> Guided trail rides	<input type="checkbox"/> Unguided trail rides	<input type="checkbox"/> Riding ring
<input type="checkbox"/> Hand-led ride	<input type="checkbox"/> Sleigh ride / Carriage ride	<input type="checkbox"/> Riding lessons

NOT ELIGIBLE:

Trails that run along roads or highways are **NOT ELIGIBLE**.

ELIGIBLE WITH RESTRICTIONS:

1. If sleigh / carriage / wagon rides are offered, vehicles must have hydraulic rather than mechanical brakes.
2. Sleigh / carriage / wagon drivers must be 21+ years of age.
3. Helmets must be worn by all minors.
4. All equipment should be inspected daily for wear and repaired/replaced as necessary.
5. If there are more than 10 participants, two or more guides must be present.
6. A parent or guardian must accompany any minor.
7. There must be an emergency response plan in place for on-trail incidents.
8. State Equine Liability signs must be clearly posted.
9. A liability waiver is required for all riding guests.

By checking this box, I acknowledge that I have read the above and agree that this risk complies.

Aviation/Helipad:

We are unable to schedule any Aviation exposures and will exclude any exposures that are present. Please list any Aviation/Helipad/Airport exposures present:

Health Spa:

Is the spa 1st Party Operated or 3rd Party Operated?

If 3rd Party, is there a contract in place with appropriate risk transfer & requiring at least \$1M which includes Abuse/Molestation Coverage? Yes No

Does the hotel require pre-hire background and criminal background checks on all spa employees? Yes No

Is the insured aware of any accusations of abuse of any spa employee? Yes No

Does the spa offer any of the following invasive/medi-spa menu items? Note these will be excluded if present:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Outpatient Plastic Surgery | <input type="checkbox"/> Liposuction | <input type="checkbox"/> Lap Band Procedures |
| <input type="checkbox"/> Injections or Acupuncture | <input type="checkbox"/> Ear Candling | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Piercing (other than ear lobe) | <input type="checkbox"/> Tanning Beds | |

SECTION IV: Directors & Officers Coverage

We only consider coverage for D&O on a limited basis for specific exposure types. Coverage will never be provided beyond the lead \$10M layer of our program tower.

Must meet the following criteria to schedule D&O Coverage:

- i. Not for Profit condo / coop only
- ii. No incurred losses last 3 years
- iii. Association has positive fund balance
- iv. First Named Insured on D&O policy is a not-for-profit
- v. D&O policy on standalone and claims made basis
- vi. If there are units not sold that are owned by the developer or financier, the developer or financier is a member of the board
- vii. Less than 20 employees

Approved D&O Forms:

- United States Liability Insurance Co. (USLI)
- Chubb (Federal Insurance Co.)
- Travelers
- CNA
- Zurich
- Great American
- Philadelphia Insurance Co.

Any others require referral.

By checking this box I acknowledge that I desire to schedule the underlying D&O coverage and the underlying policy meets these requirements.

SECTION III: Signature

Any person, who knowingly and with intent to defraud an insurance company or other person, files this application for insurance 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 may subject such person to criminal and civil penalties.

By checking this box I agree that I have read this entire application and have, or will have reviewed the restriction herein with my client prior to binding coverage.

Broker Signature:

Date: