

Program Administrator:

Distinguished Programs
1180 Avenue of the Americas, 16th Floor,
New York, NY 10036
www.distinguished.com

Lead Insurer:

ACE Property & Casualty Insurance Company, or
Illinois Union Insurance Company (in the state of Louisiana)

Excess Insurer(s):

To be determined

DISTINGUISHED HOSPITALITY AND REAL ESTATE APPLICATION

Hotel, Restaurant, Commercial & Habitational Real Estate

To obtain an umbrella quote, ALL questions must be answered for the applicable sections. Incomplete submissions will be declined. In addition to this Supplemental, quotes for General Liability and primary Auto coverage require ACORD applications or equivalent. The Applicant or First Named Insured will be referred to as "Insured" throughout this Application.

*Use "Tab" button to move through document quickly; "Spacebar" to check boxes. There is no password needed to unprotect if preferred.

Broker Information:

Brokerage Name:

Address:	City:	State:	Zip Code:
Contact Person:	Phone #:	Email:	

Insured Information:

Company Name/First Named Insured:

Insured Contact Name:	Insured Email:	Year Established:
Address:	City:	State:
		Zip:

Additional Named Insureds: *Please include a comprehensive list of Named Insureds as an attachment including description of operations and insurable interest.*

1. Are there any operations not directly related to the ownership or maintenance of property (except with respect to hotel or motel operations and related restaurant operations, guest services and recreational facilities)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Does the Insured have any subsidiary companies where operations are different than the Insured's?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) Subsidiary Name: (attach separate list if needed)		
b) Description of Subsidiary's Operations:		
3. Description of Insured's operations: (Ownership entity/Management company/etc)		

Policy Information:

Effective Date:	Expiration Date:
Indicate Coverage Desired: <input type="checkbox"/> General Liability <input type="checkbox"/> Property <input type="checkbox"/> Auto Liability & Physical Damage <input type="checkbox"/> Umbrella Liability <input type="checkbox"/> Cyber Liability	
Lead Umbrella Limit Requested:	Expiring Lead Umbrella Carrier: Expiring Total Umbrella Cost: \$

Submission Exposure Summary:

Total # of Locations:	Please check off any states in which the Insured has <u>locations, employees, or automobiles</u> : None <input type="checkbox"/> Florida <input type="checkbox"/> Louisiana <input type="checkbox"/> New Hampshire <input type="checkbox"/> Vermont <input type="checkbox"/> West Virginia <input type="checkbox"/>		
Total # of Rental Apt Units:	Total # of Coop/Condo Units:	Total # of Single-Family Homes:	Total # of Owned Autos:
Total # Pools:	Total # of Hotel Rooms:	Total Retail Sq. Ft.:	Total Office Sq. Ft.:
Total Manufacturing Sq. Ft:	Total Warehouse Sq. Ft.:	Total Acres of Vacant Land:	Total # of Golf Courses:

Fire / Life Safety:

1. Do all properties meet all building codes and ordinances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do all properties over 2 stories have two means of egress on all floors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do all properties have hardwired smoke detectors/alarm system OR battery-operated smoke detectors maintained on a regular schedule?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are all properties 8 to 20 stories (1) fully sprinklered OR (2) equipped with a standpipe system and fire alarm?	N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Are all properties over 20 stories fully sprinklered?	N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Are all frame-construction properties over 4 stories fully sprinklered?	N/A <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

General Questions:			
Does the Insured have any of the following exposures? If "NO", proceed onto the next question. Check boxes for all exposures listed.			YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Mobile home / RV / trailer parks <input type="checkbox"/> Senior Housing <input type="checkbox"/> Boarding or rooming houses <input type="checkbox"/> Student housing/dorms <input type="checkbox"/> Assisted living facilities / nursing homes <input type="checkbox"/> Enclosed malls over 1,000,000 square feet <input type="checkbox"/> Inflatables (bounce houses, slides, etc) <input type="checkbox"/> Helipad <input type="checkbox"/> Sewage/Water Treatment Center/Plant	<input type="checkbox"/> 50+ story buildings <input type="checkbox"/> Parking garages or lots not affiliated with any scheduled property. <input type="checkbox"/> Vacant or unoccupied buildings (defined as not at least 70% occupied). <input type="checkbox"/> Convention Center or Event Space with capacity >1,000 indoor/>200 outdoor <input type="checkbox"/> Ski Resorts (if ski facilities intended for coverage by this product) <input type="checkbox"/> Manlift <input type="checkbox"/> Valet parking by employees or 3 rd party <input type="checkbox"/> Membership Club		
Do you have any of the following tenancies? If "NO", proceed onto next question. Check boxes for all exposures listed.			YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Tire sales <input type="checkbox"/> Heavy manufacturing tenancy <input type="checkbox"/> Places of Worship or Cultural Centers <input type="checkbox"/> Media/film production	<input type="checkbox"/> Hazardous material or cold storage warehousing <input type="checkbox"/> Government agencies <input type="checkbox"/> Government contracted housing for migrants, homeless or others <input type="checkbox"/> Gasoline Service Stations		
1. Are there any locations or operations outside of the United States?			YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Does the Insured own or manage any high terrorism risk properties such as colleges or universities, government buildings, historic landmarks or symbolic financial buildings?			YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Does the schedule of locations have more than ten (10) single- to four-family houses?			YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do all <u>non-habitational</u> tenants have a written lease agreement providing the insured with additional insured status on the tenants' liability policies and require the tenant to carry a minimum limit of \$1M/\$2M?			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do all 3rd parties, who have access to, or conduct work on the insured premises have a written contract holding the Insured harmless and providing a COI with a minimum of \$1M/\$2M in limit & additional insured status?			YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Does the Insured have operations in which they, or someone operating on their behalf, have minors in their care, custody or control? (examples: Kiddie Clubs, Day Care or Babysitting)			YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Are any buildings currently under construction or structural renovation or planned to be under construction or structural renovation during the policy period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Does the Insured have any building over 25 years old which has not been fully updated?			YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Does the Insured have any recreation facilities other than swimming pools, health club, golf course, tennis court, playgrounds, and community rooms? If "yes", please describe:			YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Are any recreation facilities open to the general public (non-guests or tenants)? If "yes", please describe:			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Security Information:			
Does the Insured have first or third party security at any location? If "NO", proceed onto next section.			YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Is the security an unarmed doorman only? (If "Yes" move to the next section.)			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Is security provided by a third party?			YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Is security armed? Armed includes (but is not limited to) use of guns, handcuffs, mace or other chemical defense, stun guns, tasers, nightsticks or guard dogs.			YES <input type="checkbox"/> NO <input type="checkbox"/>
3a. If yes, is there a contract with mutual indemnity wording in place requiring an annual certificate reflecting at least \$5M liability limits?			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
3b. Is armed security restricted to off-duty police officers?			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
4. For HOTEL Locations: Are electronic keys utilized with controlled building access afterhours?			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Swimming Pool Information:			
Does the Insured have any swimming pools? If "NO", proceed onto next section.			YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Are there any diving boards?			YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Are there any water slides and/or lazy rivers?			YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Are all pools fenced and/or fully enclosed and secured with self-locking and self-closing doors or gates?			YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Are there signs at all pools clearly stating that swimming is at the individuals own risk and no diving is permitted?			YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do pools meet the Virginia Graeme Baker Pool and Spa Safety Act?			YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Are depth markers clearly displayed and safety equipment present?			YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Are pool(s) open to non-guests/tenants such as the general public or employees?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Vacant Land Exposures:		
Does the Insured have Vacant Land? If "NO", proceed onto next section.		YES <input type="checkbox"/> NO <input type="checkbox"/>
1. How many vacant land locations are there?		
2. How frequently are the vacant lot(s) monitored?		
3. Are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or from unauthorized access by third parties?		YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do any of the vacant land locations have any attractive nuisance exposures such as bodies of water, hiking trails, all-terrain-vehicle trails or race courses, abandoned or vacant buildings, public rights-of-way, etc?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Is there any imminent or ongoing construction, demolition or development expected to occur within requested term?		YES <input type="checkbox"/> NO <input type="checkbox"/>
New York Locations (NYLL):		
Does the Insured have any locations in NY where NYLL would apply? If "NO", proceed onto next section.		YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Does the Insured require all service/maintenance contractors/vendors/subcontractors working at the Insured properties to provide evidence of insurance?		YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Does the Insured require written contracts for all contractors holding the Insured harmless and naming them as an Additional Insured with annual certificate reflecting at least \$1M limit?		YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Does the Insured realize that NY Labor Law is a strict liability statute (meaning that fault or negligence does not have to be proven). If a subcontractor is injured while working at the Insured's request, they can be held liable for their injuries, the value of which is determined by a jury?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Restaurant Exposures:		
Does the Insured operate, or subcontract the operation of any restaurants? If "NO", proceed onto next section.		YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Are any restaurants "stand-alone" locations (not connected to a hotel or motel)?		YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do any of the restaurants have a nightclub exposure, live entertainment with dance floors, adult entertainment venues, halls for hire, entertainment with a cover charge, or civic/social clubs? If "YES", please describe:		YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Does any location provide catering for more than 300 persons at any stand-alone restaurant or off-site location?		YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do all locations have automatic fire extinguishing systems (U.L. approved wet or dry) that are above and covering all cooking surfaces, with a semiannual service contract?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Are there any restaurant locations that are below grade and not fully sprinklered?		YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Does the Insured offer first party delivery services?		YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Do the Insured's operations include any fast food (a.k.a. Quick Service Restaurants)?		YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Does any location have an open rooftop restaurant or bar?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Liquor Exposures:		
Does the Insured have any liquor exposure present? If "NO", proceed onto next section.		YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Do all locations selling liquor conduct TIPS or similar training for all servers of liquor?		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Has the Insured received any citations from any liquor control or law enforcement authority?		N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Condominium/Co-Op Directors & Officer's Liability (D&O) Exposures:		
Does the Insured want to include a not-for-profit condo and/or coop D&O policy on the Schedule of Underlying? If "NO", proceed onto next section. If "YES" Attach a copy of the underlying D&O quote & 5 years' currently valued loss runs.		YES <input type="checkbox"/> NO <input type="checkbox"/>
1. Are any of the units included in a hotel type operation?		YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Has the Insured had any D&O claims in the past five (5) years?		YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Does the association have a positive fund balance?		YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Is the first named insured on the D&O policy a not-for-profit condominium, cooperative or homeowners' association?		YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Is the D&O policy stand-alone and written on a claims-made basis with "Duty to Defend" wording?		YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Do defense costs erode the D&O limits? (Defense within the limits)		YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Is the developer represented on the board of directors?		YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Are there 25 or more employees? If yes, how many?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Automobile Exposure:			
If there are no owned autos, do you intend to schedule Hired/Non-Owned Auto Coverage on the umbrella?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Insured have any Owned Autos? <i>If "NO", proceed to next section.</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
We must have location-specific automobile schedules which separate the autos into the categories required; please be sure to complete this information on the Location Specific section of this application. If you are providing a separate SOV or schedule, please ensure it includes all of the necessary information.			
Does the Insured have assigned drivers for all vehicles transporting 3 rd parties?			N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Insured offer valet parking?	YES – 3rd PARTY <input type="checkbox"/>	YES – 1st PARTY <input type="checkbox"/>	NO <input type="checkbox"/>
The following requirements must be in place: No transportation of people or goods for a charge. No transportation of any hazardous materials. No vehicles used for sightseeing or other tour operations. No drivers less than 21 years of age driving the Insured's owned or non-owned vehicles Radius of operations for guest or tenant transportation must be < 50 miles. <i>(If greater than 50 miles, please provide details.)</i> MVR's must be ordered pre-hiring and re-ordered annually. They must contain no serious violations over the past three years. We consider the following serious violations: More than three at-fault accidents and / or moving violations Driving while under the influence Reckless operation Manslaughter, negligent homicide or other felony Leaving the scene of an accident Drag racing Fleeing or eluding an officer License suspension for moving violations			
<input type="checkbox"/> By checking this box, I acknowledge that I have read the above and agree that this risk complies. <input type="checkbox"/> By checking this box, I acknowledge that I have read the above and I would like to continue with auto coverage EXCLUDED from the Umbrella. Please add any additional comments:			
If you are seeking primary Auto Liability Coverage and Auto Physical Damage coverage please provide complete auto ACORD applications.			
Loss Information: <i>Loss runs must apply to all locations included in submission and to all coverage to be scheduled.</i> <i>Loss runs must be official carrier loss runs and valued within 90 days of the effective date.</i>			
Please provide 5 years of currently valued ground-up carrier loss runs. If the aggregate incurred losses average \$300,000 or more OR if the account averages 100 claims per year for the 5 consecutive years, 10+ years loss information are required and the account will require actuarial referral to carrier.			
1. Have there been any of the following claims or incidents in the past five (5) consecutive years: Lead, Liquor, Mold or Fungus, Legionella, Asbestosis, 3 rd Party Discrimination, ADA/Fair Housing claim, Fatality, Paralysis, Brain Injury, Murder, Assault/Battery, Sexual Assault/Rape, Shooting, Stabbing, Human or Illegal Drug Trafficking, Drowning, Abuse or Molestation, Habitability, Elevator-related, Electrical Shock, Construction Defect or NY Labor Law ("scaffold" labor laws 240 & 241)?			YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have there been any individual incurred losses in excess of \$100,000 in the past five (5) consecutive years?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Underlying Coverage: <i>(Applies to all locations – if more than one carrier, complete section below for each)</i> <i>Information below to be supported by a hard copy of the underlying carrier's CGL quote, binder and/or policy.</i> <i>No Lloyds underlying policies will be scheduled or considered.</i>			
1. Is the CGL Aggregate Limit Per Location?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If "YES", is the CGL Aggregate Limit capped in any way?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If "YES", what is the cap limit? \$
2. Is the CGL defense outside of policy limits		YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. Is there Employers Liability coverage?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. Is there Hired and Non-Owned Auto coverage included in the CGL aggregate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. Are all underlying carriers rated A- VI or better by A.M. Best?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
6. Are all underlying carriers U.S. domiciled?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

HOTEL EXPOSURES ONLY:		
Legionella:		
Does the Insured maintain documentation of all cleaning and disinfecting of any and all that apply: shower heads, cooling towers & associated pipes for air conditioning systems, water heaters, cold water tanks, fountains or decorative water features, and spa pools (whirlpool spas, Jacuzzis, or spa tubs)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there a named, trained person responsible for all administration and documentation of the procedures detailed in question 1 above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there a room rotation procedure in place to ensure no room remains unoccupied for more than 2 weeks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are cooling towers present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
a) If yes , are all locations in compliance with local, state or federal requirements and inspected at least once a year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you completed a Center's for Disease Control (CDC) Legionella Environmental Assessment or had a loss control survey for legionella exposure completed by a professional engineering firm & complied with any recommendations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you complied with any & all recommendations that were made in the assessment's report?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trafficking:		
Does the property have an anti-trafficking checklist and provide all employees with training on identifying and reporting human trafficking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have there been any claims or accusations made of trafficking exposure at any of the locations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Amenities:		
Does the Insured have any of the following amenities? If "NO", proceed to next section.		YES <input type="checkbox"/> NO <input type="checkbox"/>
If any of the following apply, please complete the Amenities Supplemental. <i>These amenities need to be addressed whether they are first or third party:</i>		
<input type="checkbox"/> Amusements (Including Mechanical Bull, Surfrider, etc.)	<input type="checkbox"/> Equestrian	
<input type="checkbox"/> Aviation/Helipad	<input type="checkbox"/> Rodeo	
<input type="checkbox"/> Axe/Knife Throwing	<input type="checkbox"/> Golf	
<input type="checkbox"/> Bicycle/Scooter Rental (including electric bikes)	<input type="checkbox"/> Hot Air Balloon Rides	
<input type="checkbox"/> Contact Sports Including Boxing/MMA/UFC Fighting	<input type="checkbox"/> Live Entertainment (including concert venue or theatre)	
<input type="checkbox"/> Cheerleading Exhibition or Similar	<input type="checkbox"/> Racing (Horse, Dog, Auto, etc)	
<input type="checkbox"/> Camping/RV Park	<input type="checkbox"/> Rental of Motorized Vehicles (Autos, ATVs, Snowmobiles, etc)	
<input type="checkbox"/> Casino	<input type="checkbox"/> Shooting/Archery/Hunting	
<input type="checkbox"/> Childcare/Kid Camp	<input type="checkbox"/> Watercraft or Watersports	
<input type="checkbox"/> Cigar/Oxygen Bar	<input type="checkbox"/> Waterfront/Beach Exposure	
<input type="checkbox"/> Dock/Marina/Pier/Wharf	<input type="checkbox"/> Waterpark/Waterslide(s)/Lazy River	
<input type="checkbox"/> Cross Country Ski (Downhill Ski Exposure/Lifts are Ineligible)	<input type="checkbox"/> Health Spa on premises	

Locations (to be completed for each Location on Schedule): Attach additional pages if more than two locations OR submit a location schedule on an Excel Spreadsheet (must include all information below).		
Location #:		
Name of Property Owner / Association (If different than Insured):		
Location Address:		
City:	State:	Zip:
Location Exposures		
# of Rental Apt Units:	# of Coop/Condo Units:	# of Hotel Rooms:
# of Pools:	# of Golf Courses:	# of Marina Slips:
Acres of Vacant Land:	Retail Sq. Ft.:	Office Sq. Ft.:
Hotel Revenue: \$	Food & Bev (<i>excl Liquor</i>) Revenue: \$	Liquor Revenue: \$
Manufacturing Sq. Ft.	# of Single Family Homes:	Warehouse Sq. Ft.:
Construction Information		
Year Built:	# of Stories:	% Occupancy:
Date of Major Updates: Electrical: HVAC: Roof: Elevators: Sprinkler: Fire Alarm: Plumbing:		Construction Type: <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Modified Fire Resistive <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Frame <input type="checkbox"/> Other:
Safety Features Is the location Fully Sprinklered? YES <input type="checkbox"/> NO <input type="checkbox"/> Partially Sprinklered? YES <input type="checkbox"/> NO <input type="checkbox"/> Percent Sprinklered: Standpipe system? YES <input type="checkbox"/> NO <input type="checkbox"/> Central station fire alarm? YES <input type="checkbox"/> NO <input type="checkbox"/> Manual pull alarms on all floors? YES <input type="checkbox"/> NO <input type="checkbox"/>		Hard-wired smoke detectors? YES <input type="checkbox"/> NO <input type="checkbox"/> Battery operated smoke detectors? YES <input type="checkbox"/> NO <input type="checkbox"/> Emergency Lighting? YES <input type="checkbox"/> NO <input type="checkbox"/> 2 means of egress per floor? YES <input type="checkbox"/> NO <input type="checkbox"/> Enclosed fire stairwells? YES <input type="checkbox"/> NO <input type="checkbox"/>
Automobile Information: <i>Please note that when counting the capacity of an auto you should include <u>all</u> occupants including the driver.</i>		
Do the automobiles at this location comply with the Automobile Exposure section of this application? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Type of Automobiles:	Count at this Location:	
Private Passenger Vehicles (PPT) - <i>NOT used for guest transport</i>		
Light Truck or Van (0-10,000 lbs) for Utility Use - <i>NOT used for guest transport</i>		
Medium Truck or Van (10,001-20,000 lbs) for Utility Use – <i>NOT used for guest transport</i>		
Heavy Truck or Van (>20,000 lbs) for Utility Use – <i>NOT used for guest transport</i>		
1-8 Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
9-14 Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
15-20 Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
21+ Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/> Fee Charged <input type="checkbox"/>
Golfcarts Registered for Road Use		
Any Other Auto(s) – <i>Please Explain</i>		

Location #:			
Name of Property Owner / Association (If different than Insured):			
Location Address:			
City:		State:	Zip:
Location Exposures			
# of Rental Apt Units:	# of Coop/Condo Units:	# of Hotel Rooms:	
# of Pools:	# of Golf Courses:	# of Marina Slips:	
Acres of Vacant Land:	Retail Sq. Ft.:	Office Sq. Ft.:	
Hotel Revenue: \$	Food & Bev (<i>excl Liquor</i>) Revenue: \$	Liquor Revenue: \$	
Manufacturing Sq. Ft.	# of Single Family Homes:	Warehouse Sq. Ft.:	
Construction Information			
Year Built:		# of Stories:	% Occupancy:
Date of Major Updates:		Construction Type:	
Electrical:	HVAC:	<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Modified Fire Resistive
Roof:	Elevators:	<input type="checkbox"/> Masonry Non-Combustible	<input type="checkbox"/> Non-Combustible
Sprinkler:	Fire Alarm:	<input type="checkbox"/> Joisted Masonry	<input type="checkbox"/> Frame
Plumbing:		<input type="checkbox"/> Other:	
Safety Features			
Is the location Fully Sprinklered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hard-wired smoke detectors?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Partially Sprinklered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Battery operated smoke detectors?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Percent Sprinklered:		Emergency Lighting?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Standpipe system?	YES <input type="checkbox"/> NO <input type="checkbox"/>	2 means of egress per floor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Central station fire alarm?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Enclosed fire stairwells?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Manual pull alarms on all floors?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Automobile Information:			
<i>Please note that when counting the capacity of an auto you should include <u>all</u> occupants including the driver.</i>			
Do the automobiles at this location comply with the Automobile Exposure section of this application?			YES <input type="checkbox"/> NO <input type="checkbox"/>
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15-20 Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/>	Fee Charged <input type="checkbox"/>
21+ Passenger Auto used for transport of guests		Complimentary <input type="checkbox"/>	Fee Charged <input type="checkbox"/>
Golfcarts Registered for Road Use			
Any Other Auto(s) – <i>Please Explain</i>			

NOTICE TO INSURED: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

THIS SIGNATURE PAGE ATTACHES TO AND FORMS A PART OF APPLICATION DATED.

Applicant/Named Insured:

Signature of Applicant

Date

Signature of Agent/Broker

Date

Print Name

Title

Print Name

Title

NOTICE TO ARKANSAS, NEW MEXICO 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 AUTHORITIES.

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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH 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 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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 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 NEW YORK APPLICANTS (AUTOMOBILE INSURANCE): ANY PERSON WHO 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.

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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS (AUTOMOBILE INSURANCE): ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO 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 VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.