

# HOSPITALITY COVER PLUS+™

## MASTER PROGRAM APPLICATION

Legal Entity Name:												
Trading as Name:												
Property Address:												
City:					State:			Zip Code:				
Contact Name:					Contact Number:							
Building Value:	\$				Contents Value:	\$						
Year Built:					Business Income Limit: (including rental income)	\$						
Stories:					Area of Building:	sq. ft.						
Full-time Employees:					Part-time Employees:							
Federal Employee Identification Number (FEIN):												
Average Occupancy:	%				Average Room Rate:	\$						
Rooms:					Number of Buildings:							
Number of Elevators:					Last Elevator Inspection:							
Annual Receipts:	\$				Room Receipts:	\$						
Liquor Receipts:	\$				Other Receipts (specify):	\$						
Years in Business:			Brand:									
What is the ISO construction? (check box to left)			<input type="checkbox"/> Frame (1) (Including veneer)				<input type="checkbox"/> Joisted Masonry (2) (Masonry walls, wood roof)				<input type="checkbox"/> Noncombustible (3) (Metal walls and roof)	
<b>See page 2 for complete description of ISO classes in order to choose the most accurate selection</b>			<input type="checkbox"/> Masonry Noncombustible (4) (Masonry walls, metal roof)				<input type="checkbox"/> Modified Fire Resistive (5) (walls, floor and roof sprayed with coating, fire rating 1-2 hours)				<input type="checkbox"/> Fire Resistive (6) (concrete encased steel roof, walls, and floors, fire rating over 2 hours)	
Exterior: (check one)	<input type="checkbox"/> Brick	<input type="checkbox"/> Glass	<input type="checkbox"/> Concrete	<input type="checkbox"/> Siding	<input type="checkbox"/> Block	<input type="checkbox"/> Stucco	<input type="checkbox"/> EIFS	<input type="checkbox"/> Other				
HVAC: (check one)	<input type="checkbox"/> Residential Units			<input type="checkbox"/> Commercial Units			<input type="checkbox"/> Window Units					
Building Shape: (check one)	<input type="checkbox"/> Rectangular			<input type="checkbox"/> Square			<input type="checkbox"/> Irregular					
Swimming Pool: (check one)	<input type="checkbox"/> None			<input type="checkbox"/> Indoor			<input type="checkbox"/> Outdoor					

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These descriptions are used by underwriters in order to determine property insurance premiums.

**This information is critical. An incorrect classification could result in a substantially higher property rate and premium than should be charged for a correct classification.**

ISO 1	Frame	Building where the exterior walls are wood or other combustible materials, including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood
ISO 2	Joisted Masonry	Building where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials, and where the floors and roof are combustible (disregarding floors resting on the ground)
ISO 3	Noncombustible	Building where the exterior walls, floors and roof are constructed of, and supported by, metal, asbestos, gypsum or other non - combustible materials
ISO 4	Masonry Noncombustible	Building where the exterior walls are constructed of masonry materials, as described in "Joisted Masonry" above, with the floors and roof of metal or other non - combustible materials
ISO 5	Modified Fire Resistive	Building where the exterior walls, floors and roof are constructed of masonry or fire resistive material with a fire resistive rating of one hour or more, but less than two hours.
ISO 6	Fire Resistive	Building where the exterior walls, floors, and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours
Other	Please Describe:	

Is any building over 20 years old? (Please describe any renovations):

Is any building under renovation? (Please describe):

Is the applicant a builder, developer, or a contractor? (Please describe):

Has the applicant completed any building updates with employed personnel? (Please describe):

Additional building comments:

Please describe the operations on the premises:

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If the hotel is part of a franchise operation, please describe and include date of last inspection:	
Does the property contract a staffing firm for employment related activities? (Please describe):	
Does the building have a manual fire alarm?	
Does the building have a central station monitoring system?	
Is the building 100% sprinklered?	
Are smoke detectors hard wired?	
If smoke detectors are not hard wired, are inspection or battery logs maintained and updated monthly?	
Does the property have any above ground or underground storage tanks?	
Does the property have any cell phone antennas on the property's roof or elsewhere on property?	
Are all fire doors rated at least 'one hour'?	
Does the building have emergency lighting?	
Are outside egresses available on all floors?	
How many exits are available per floor?	
Does the building have unprotected vertical openings (stairways, elevators, etc.)?	
Does the property have a written evacuation plan?	
Does the building have a sauna?	
If the building has a sauna, is it fully sprinklered?	
Does the applicant have written proof of asbestos removal?	
Has the building sustained wind or earthquake damage? (Please describe):	
Does the applicant have a seasonal exposure? (Please describe):	
Does the applicant have any in - room cooking units? (Please describe):	
Are shower / tub surfaces protected by non - slip surfaces?	
Has the applicant received any code violations in the last three years? (Please describe):	
Has the applicant ever filed for bankruptcy? (Please describe):	
Is the roof flat?	
Is the roof pitched?	

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Does the applicant have at least three years of hotel management experience?	
Does the applicant use card keys in lieu of metal keys?	
Does the applicant have a spa on the premises? If so, does the applicant own, manage, or require the spa to be named as an Additional Insured on the policy? (Please describe):	
Does the applicant provide any therapeutic or cosmetic services (including massages, facials, or other spa services)? (Please describe):	
Does the applicant provide fitness facilities?	
How many pools does the applicant have?	
If the applicant has a pool, is the pool fenced and secured by a self-locking gate?	
If the applicant has a pool, does the pool have diving boards or slides?	
If the applicant has a pool, is there a lifeguard present at the pool?	
If the applicant has a pool, and there is a lifeguard present, is the lifeguard employed or contracted?	
If the applicant has a pool, is there a "Swim at Your Own Risk" sign posted?	
If the applicant has a pool, what are the hours of operation?	
Please describe the neighboring establishments:	
Is there a playground on the premises?	
Does the applicant provide child care services?	
Does the applicant employ or contract security personnel?	
If they applicant has security guards, are the security guards employed or contracted?	
If they applicant has security guards, are the security guards armed?	
Can any rooms be rented for 30 consecutive days? (Please describe):	
Is there a bar or restaurant on premises? (Please provide a copy of the lease or management agreement)	
Does the applicant provide entertainment? (Please describe):	
Is there a manager on premises or on duty 24 hours per day?	
Are there fine arts on the premises? (Please provide a copy of the schedule):	
Is the property ADA compliant? If so, what percentage?	
Is the property owner operated? (Please describe):	

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Does the property offer any of the following activities: water sports, snow sports, golf, or equestrian? (Please describe):				
Does the applicant have owned vehicles?				
Are drivers that transport passengers over 25 years of age?				
Are drivers of service vehicles over 21 years of age?				
Are MVRs (motor vehicle records) provided at the time of hire and annually thereafter?				
Does the applicant have an airport shuttle service?				
If the applicant has an airport shuttle service, is the service owned or contracted?				
Does the applicant provide valet parking?				
If the applicant provides valet parking, is the service owned or contracted?				
Do any employees drive their own vehicles? If yes, how many?				
If employees drive their own vehicles, are they insured?				
If employees drive their own vehicles, do they provide certificates of insurance?				
Are any drivers under 21 years of age?				
Has the insured leased or rented a vehicle in the past year? If yes, please provide the cost of hire:				
Please list all automobiles:				
Year	Make	Model	VIN Number	Capacity
Additional Comments:				
Required for Request of Quotation: <ul style="list-style-type: none"> <li>Hospitality Cover Plus+ Master Insurance Program Application</li> <li>Hospitality Cover Plus+ Liquor Liability Supplement, if necessary</li> <li>Hospitality Cover Plus+ Tier One Wind Supplement, if necessary</li> <li>Five Years of Currently Valued Loss Runs</li> <li>Copy of All Policies Currently in Force</li> </ul>				
Applicant's Signature:				Date:

Please send all completed documents to:  
 Bob Barczak  
 T: 888.433.3553 x624  
 F: 410.433.3440 Attn: Bob Barczak  
 bob.barczak@dii-ins.com