MASTER PROGRAM APPLICATION

Legal Entity Name:												
Trading as Name:												
Property Address:							County:					
City:				State:			Zip Code:					
Contact Name:						Contact I	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 Ident	ification I	Num	iber (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)			Frame (1) (Including ven	eer)			sted Masc (2) ry walls, wo	-	f)	Noncombustible (3) (Metal walls and roof)		
See page 2 for complete description of ISO classes in order to choose the most accurate selection			Masonry Noncombusi (4) Masonry walls, roof)	tible		Modified Fire Resistive (5) (walls, floor and roof sprayed with coating, fire rating 1-2 hours)			Fire Resistive (6) (concrete encased steel roof, walls, and floors, fire rating over 2 hours)			
Exterior: (check to left)	Brick	Κ	Glass	Con	crete	Siding	Block	<	Stucco	EIFS	Other	
HVAC: (check to left)	Res	sideı	ntial Units		С	ommercial	Units			Window Units		
Building Shape: (check to left)	Rectangular				Square				Irregular			
Swimming Pool: (check to left)	None				Indoor				Outdoor			



MASTER PROGRAM APPLICATION

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. Building where the exterior walls are wood or other combustible materials, **ISO 1** Frame including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood Building where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or **ISO 2** Joisted Masonry similar materials, and where the floors and roof are combustible (disregarding floors resting on the ground) Building where the exterior walls, floors and roof are constructed of, and ISO₃ Noncombustible supported by, metal, asbestos, gypsum or other non - combustible materials 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 ISO₄ Masonry Noncombustible non - combustible materials Building where the exterior walls, floors and roof are constructed of masonry or **ISO 5** Modified Fire Resistive fire resistive material with a fire resistive rating of one hour or more, but less than two hours. Building where the exterior walls, floors, and roof are constructed of masonry **ISO 6** or fire resistive materials having a fire resistance rating of not less than two Fire Resistive Other Please Describe: Is any building over 20 years old? If so please provide details on any updates to roof, electrical, plumbing, and HVAC systems: Is any building under renovation? (Please describe): Has the applicant completed any building updates with employed personnel? (Please describe): Additional building comments: Please describe the operations on the premises: Clerical: \$ Hotel: \$ Payroll Restaurant: \$ Other (Please describe): \$ If the hotel is part of a franchise operation, please describe and include date of last inspection:



MASTER PROGRAM APPLICATION

Does the property contract a staffing firm for employment related activities? (Please describe):	
Does the building have pull station fire alarms?	
Does the building have a central station fire and burglary 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?	
Are there any Federal Pacific (FPE)/ Stab-Loc or Zinsco Electrical Panels?	
Are all attics and confined spaces fully sprinklered?	
Is smoking allowed in any rooms? If so, how many?	
Does the property have any above ground or underground storage tanks? (Please describe):	
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 any non-sprinklered 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?	
Has the building removed or been required to abate any asbestos?	
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?	



MASTER PROGRAM APPLICATION

Does the applicant have at least three years of hotel management experience?	
Does the applicant use card keys in lieu of metal keys?	
Are there any manager's receptions, or any other events in which alcohol is served or sold?	
Is any part of your facility on a Historic Registry or a similar designation? If so, please describe	
Is the facility entitled to historic tax credits? If so, please provide detail	
Does the applicant have a spa on the premises? If so, does the applicant own, manage, or require the spa an Additional Insured on the policy? (Please describe):	to be named as
Does the applicant provide any therapeutic or cosmetic services (including massages, facials, or other spa (Please describe):	services)?
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?	
If the applicant has a pool, are there documented checks for pool water clarity?	
If the applicant has a pool, is an anti-vortex safe pool drain cover installed?	
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):	
ls there a manager on premises or on duty 24 hours per day?	



MASTER PROGRAM APPLICATION

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 propert	y owner operated? (Please o	describe):				
Does the prop	perty offer any of the following	g activities: water sports, snov	v sports, golf, or equ	estrian? (Pleas	e describe):	
Does the app	licant have owned vehicles?					
Year	Make	Model	Vin Num	ber	Capacity	
	at transport passengers ove					
	service vehicles over 21 year					
•	•	ed at the time of hire and annu	ally thereafter?			
	licant have an airport shuttle					
	·	ice, is the service owned or co	ntracted?			
Does the applicant provide valet parking?						
		he service owned or contracte	d?			
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?						
	rs under 21 years of age?					
		e in the past year? If yes, plea	se provide the cost of	of hire:		
	el provide parking?					
If yes, is the p	parking provided in a garage	or a lot?				
Does the hote	el charge for parking?					
If the parking	is provided in a garage, is th	e garage attached to the hote	l?			
If the parking	is provided in a garage, doe	s the hotel own the garage?				
If the parking is provided in a garage, does the hotel manage the garage?						
If the parking is provided in a garage, is the hotel responsible for the maintenance of the garage?						
If the parking is provided in a garage, how many spaces does the garage contain?						
		t is the approximate square fo	otage of the garage	?		
Applicant's Si	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

