

## SECTION 1: GENERAL INFORMATION

Agency name: \_\_\_\_\_ Agency code: \_\_\_\_\_  
 Legal entity:  Corporation  Partnership  Individual  LLC  Joint Venture  Other: \_\_\_\_\_  
 Full company name/first Named Insured: \_\_\_\_\_  
 Primary physical location (street address): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Website address: \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Years operating at this location: \_\_\_\_\_  
 Does the applicant have other locations you wish to insure? **If yes, please complete section 8 for each location**  yes  no  
 Describe applicant's operations/services offered (ex: property manager, owner/operator, real estate owner/investor, etc.): \_\_\_\_\_

Name of hotel management company (if not the applicant): \_\_\_\_\_  
 Name of franchisor(s), if applicable: \_\_\_\_\_ Name of risk manager, if applicable: \_\_\_\_\_

### Additional named insureds:

Is there an organization or person to be listed as an additional named insured on the policy?  yes  no  
 If yes, specify or attach a comprehensive list of organizations or persons applicant requests to have listed as named insureds under the policy, including description of operations and insurable interest: \_\_\_\_\_

### Subsidiaries:

Does the applicant have any subsidiary companies where operations are different than the applicant's?  yes  no  
 If yes, please list all subsidiaries (attach separate list if needed): \_\_\_\_\_  
 If yes, please describe all subsidiary operations: \_\_\_\_\_

## SECTION 2: REQUESTED COVERAGES & LIMITS

(Attach additional information if needed.)

### PLEASE SELECT ALL REQUESTED COVERAGES AND SPECIFY LIMITS:

- |  |  |
|--|--|
| <input type="checkbox"/> Property - Attach Statement of Values | <input type="checkbox"/> Workers' Compensation - Attach Acord 130        |
| <input type="checkbox"/> General Liability - Limit: \$_____    | <input type="checkbox"/> Umbrella - Limit: \$_____                       |
| <input type="checkbox"/> Liquor - Limit: \$_____               | <input type="checkbox"/> Cyber - Limit: \$_____                          |
| <input type="checkbox"/> Auto - Attach Acord 137 & 127         | <input type="checkbox"/> Employment Practices Liability - Limit: \$_____ |

## SECTION 3: AMENITIES

(Please check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> bicycle/scooter rental   | <input type="checkbox"/> laundry services: dry cleaning or self-service                         |
| <input type="checkbox"/> cigar bar/oxygen bar   | <input type="checkbox"/> recreational facilities (e.g. tennis courts, playgrounds, rec rooms)   |
| <input type="checkbox"/> childcare/day care   | <input type="checkbox"/> conference rooms, ball rooms, or business centers                      |
| <input type="checkbox"/> dock/marina/pier/wharf   | <input type="checkbox"/> indoor parking   |
| <input type="checkbox"/> kitchenettes   | <input type="checkbox"/> waterslides, diving boards, or water parks                             |
| <input type="checkbox"/> ski exposures (ski routes, lifts, or equipment)  | <input type="checkbox"/> casino   |
| <input type="checkbox"/> dog parks  | <input type="checkbox"/> pools or hot tubs - <b>complete applicable questionnaire</b>           |
| <input type="checkbox"/> fitness centers  | <input type="checkbox"/> restaurants or food service - <b>complete applicable questionnaire</b> |
| <input type="checkbox"/> golf   | <input type="checkbox"/> shuttle services - <b>complete applicable questionnaire(s)</b>         |
| <input type="checkbox"/> grills   | <input type="checkbox"/> valet services - <b>complete applicable questionnaire</b>              |
| <input type="checkbox"/> theaters   | <input type="checkbox"/> salon or spa - <b>complete applicable questionnaire</b>                |
| <input type="checkbox"/> electric vehicle charging stations - <b>if applicable:</b> Does the applicant have a contract with a third party to service EV charging stations? <input type="checkbox"/> yes <input type="checkbox"/> no |   |

**SECTION 4: CYBER QUESTIONNAIRE** (Attach additional information if needed.)

Not applicable

1. Have you, at any time during the past 36 months, experienced a cyber incident (hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.) That cost you more than \$10,000 (in terms of lost business, internal time and labor, external costs, etc.) or experienced a lawsuit or other formal dispute (with either a private party or government agency) arising from a cyber incident?  yes  no
2. Do you use up-to-date anti-virus and anti-malware protection on all your endpoints (desktops, laptops, servers, etc.)?  yes  no
3. Are all your internet access points secured by firewalls?  yes  no
4. Do you restrict employees' and external users' IT systems privileges and access to personal information on a business-need-to-know basis?  yes  no
5. Do you perform regular backups of business-critical data, and secure them against a ransomware or disaster event by saving them either offline or to a network that is segregated from your production environment?  yes  no
6. Do you provide awareness training for employees in data privacy and security issues (including legal liability issues and phishing)?  yes  no
7. Do you update and patch critical IT systems and applications on at least a monthly basis?  yes  no
8. Do you encrypt all mobile devices (laptops, flash drives, mobile phones, etc.) and confidential data?  yes  no
9. Do you have a multi-factor authentication solution implemented for all privileged user accounts and remote access?  yes  no
10. Do you have an endpoint detection & response (EDR) implemented?  yes  no  
If yes, name of the EDR solution. \_\_\_\_\_  yes  no

**SECTION 5: EMPLOYMENT PRACTICES LIABILITY QUESTIONNAIRE** (Attach additional information if needed.)

Not applicable

1. Has any insurer made payments, taken notice of potential claim, or non-renewed this or a similar policy within prior 3 years?  yes  no
2. Has the applicant received notice of charges or other proceeding from the Equal Employment Opportunity Commission (EEOC) or any similar state or local agency or regulatory body?  yes  no
3. Have more than 25% of the officers or management voluntarily left the company within the past 12 months or planned within the next 12 months?  yes  no
4. Has the applicant transacted (within the prior 12 months) or will they transact (within the next 12 months) any plant, facility, branch or office closing, consolidation or layoffs affecting 20% or more of the employees?  yes  no
5. Did the applicant provide severance and/or obtain signed waivers from affected employees?  yes  no
6. Is there an HR department?  yes  no
7. **Does the applicant:**
  - a. Publish and distribute an employee handbook to every employee?  yes  no
  - b. Have a written social media policy?  yes  no
  - c. Have written policies around sexual harassment and discrimination?  yes  no
  - d. Have written policies around Family Medical Leave Act and Americans with Disabilities Act?  yes  no
  - e. Have written policies regarding employee evaluations, discipline and termination?  yes  no
  - f. Have written policies regarding employee conduct when interacting with third parties and responding to complaints  yes  no
  - g. Conduct training for all employees on sexual harassment and discrimination?  yes  no
8. Has the applicant had in place for the last 3 years (or since formation if shorter), written guidelines to classify the status of each employee as exempt or non-exempt under the rules and regulations of the Fair Labor Standards Act of 1938, as amended?  yes  no

**SECTION 6: AUTO QUESTIONNAIRE** (Attach additional information if needed.)

INCLUDE ACORD 127 WITH ALL DRIVER INFORMATION, VIN'S, RADIUS OF OPERATION, VEHICLE USE, AND GARAGE LOCATION

Not applicable

1. What is the maximum radius of operation? \_\_\_\_\_
2. Years of commercial auto experience: \_\_\_\_\_
3. What is the primary purpose of scheduled autos (shuttles to airports, special events, property maintenance, etc.)?  
\_\_\_\_\_
4. Are any vehicles used for passenger transport?  yes  no
5. Does the applicant transport any hazardous materials?  yes  no

**SECTION 7: HNOA QUESTIONNAIRE** (Attach additional information if needed.)

Not applicable

1. Has the business had any claims arising out of the operation of an auto you did not own during the last three years?  yes  no
2. What is the anticipated radius of operations for a hired or non-owned auto? \_\_\_\_\_
3. What is the minimum age for drivers who drive hired or non-owned vehicles? \_\_\_\_\_
4. How many employees use hired or non-owned vehicles? \_\_\_\_\_
5. What are the minimum CSL limits required by the applicant? \_\_\_\_\_
6. Do you plan to hire any vehicles for the purpose of transporting passengers?  yes  no
7. Do you have regulations around maintaining employee driver records including but not limited to motor vehicle reports (MVRs)?  yes  no
8. Do employees use their own vehicles for engaging in sales-related activities?  yes  no
9. Do you intend to hire vehicles or have employees use their own vehicles for the express purpose of delivery?  yes  no

**SECTION 8: LOCATION INFORMATION** (Please complete this section for EACH location you wish to insure. Attach additional copies for EACH location.)

Location#: \_\_\_\_\_ Name of property owner (if different from the applicant): \_\_\_\_\_

Location address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of hotel:**

- Full-Service Hotel     Limited-Service Hotel     Extended Stay Hotel     Convention Hotel     Motel  
 Bed & Breakfast     Other, describe: \_\_\_\_\_

**Construction type:**

- Frame     Joisted Masonry     Non-combustible     Masonry Non-combustible  
 Modified Fire Resistive     Fire Resistive

**Exposures**

Total # of hotel rooms \_\_\_\_\_  
 Total # of pools \_\_\_\_\_  
 Total # of employees \_\_\_\_\_  
 Total payroll \$ \_\_\_\_\_

**Square footage**

Total:	Sq. ft.	%	%
Hotel:	Sq. ft.	%	%
Restaurant:	Sq. ft.	%	%
Retail:	Sq. ft.	%	%
Other:	Sq. ft.	%	%

Describe: \_\_\_\_\_

**Building information**

Original year built \_\_\_\_\_  
 # of stories \_\_\_\_\_  
 Year of Updates  
     Plumbing \_\_\_\_\_  
     Electrical \_\_\_\_\_  
     HVAC \_\_\_\_\_  
     Sprinklers \_\_\_\_\_  
     Elevators \_\_\_\_\_  
     Roof \_\_\_\_\_

**Annual revenue by source**

	Year: _____
Room rental	\$ _____
Food (restaurant or bar)	\$ _____
Liquor (restaurant or bar)	\$ _____
Conferences or Convention	\$ _____
Catering	\$ _____
Onsite	\$ _____
Offsite	\$ _____
Equipment rental (bicycles, skis, etc.)	\$ _____
Other, describe _____	\$ _____
<b>TOTAL</b>	\$ _____

**Building information**

1. Is the building sprinklered?  yes  no
- a. If yes, what percentage of the building is sprinklered including all attics, voids, and closets sprinklered, per NFPA 13? \_\_\_\_\_ %
2. Does the building have two means of egress per floor?  yes  no
3. Does the building have any of the following? (please select all that apply):
 

central station fire alarm system     smoke detectors     emergency lighting
4. Is the building currently undergoing any renovations or are any renovations planned within the prospective policy period?
  - a. If yes, what's the anticipated budget of the renovations? \$ \_\_\_\_\_
5. Does the applicant have vacant land with attractive nuisance exposures including but not limited to bodies of water, hiking trails, all terrain-vehicle trails or racecourses, abandoned or vacant buildings, public rights-of-way, etc.?  yes  no
6. Is the property waterfront?
  - a. Is the body of water used for recreational purposes?  yes  no

## Management

1. Is there a "manager on duty" at all times?  yes  no
2. Does the applicant require all outside vendors, amenity sub-contractors, construction and service sub-contractors to carry commercial general liability insurance and provide the hotel with a valid certificate of insurance?  yes  no
- a. If yes, what are the minimum limits required? \$ \_\_\_\_\_
3. What is the average annual occupancy rate? \_\_\_\_\_
4. What is the average daily room rate? \_\_\_\_\_
5. What is the AAA diamond rating of the applicant? \_\_\_\_\_

## Operations

1. Does the applicant prohibit indoor smoking in all rooms and common areas?  yes  no
2. Do any guests consider the hotel a permanent residence?  yes  no
3. Does the applicant offer hourly rates?  yes  no
4. Does the applicant provide any services not traditionally provided by hotels/motels such as student dormitory housing, temporary shelters for the homeless, communal living, or similar exposures?  yes  no
5. Does the applicant operate as or manage any Airbnb's, apartment hotels, time-shares, hotels with casinos, cabin/cottage rentals, hostels, or have more than 5 RV hookups?  yes  no
6. Does the applicant have live entertainment, karaoke, or disc jockeys (DJs)?  yes  no
7. Is there a dance club or night club or do they have any door security, hookah, exotic dancers, bottle service (other than wine) or an entry fee?  yes  no
8. Does the applicant have a pest control contract in place?  yes  no
9. Is the applicant closed for any part of the year?
  - a. If yes, describe: \_\_\_\_\_
  - b. If yes, is the property regularly and routinely inspected by a 1st or 3rd party during the off-season for signs of property damage or unsanctioned use?  yes  no
10. Does the applicant host any special events throughout the year at this location?
  - a. If yes, describe: \_\_\_\_\_
11. Is there any sponsorship of any sports or special events?
  - a. If yes, describe: \_\_\_\_\_

## Safety

1. Does the applicant perform background checks (criminal & work history) on all newly hired employees?  yes  no
2. Does the applicant re-key each guest room after guest checkout?  yes  no
3. Does the applicant allow uncontrolled roof access to residents or guests?  yes  no
4. Does the applicant have security at this location?
  - a. If yes, is the security armed?  yes  no
  - b. If yes, is security provided by a third party?
    - I. Is the third party required to carry professional and general liability insurance?  yes  no
    - II. What are the minimum limits required? \$ \_\_\_\_\_
5. Has the applicant had any human trafficking claims?  yes  no
6. Does the applicant provide all new employees with training on identifying and reporting human trafficking and provide recurring training for existing employees at least every two years?  yes  no
7. Has the applicant had any legionella claims?  yes  no
8. Does the applicant maintain documentation of all cleaning and disinfecting of 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, jacuzzies, or spa tubs)?  yes  no
9. Is there a room rotation procedure in place to ensure no room remains unoccupied for more than 2 weeks?  yes  no

**Pool & hot tub questionnaire**  not applicable

1. Are there diving boards or water slides present on the property?  yes  no
2. Is there rescue equipment such as a ring buoy, shepherds hooks, or pole present on the property?  yes  no
3. Do all pools and hot tubs comply with the Virginia Graeme Baker Safety Act?  yes  no
4. Are all pools and hot tubs included in the original design of the building?  yes  no

**Salon & spa questionnaire**  not applicable

1. Who provides spa/salon services? (first or third parties) \_\_\_\_\_  yes  no
- a. If third-party, are all staff required to carry general liability insurance?  yes  no
- I. If yes, what are the minimum limits required? \$\_\_\_\_\_  yes  no
2. Are all salon/spa staff required to carry professional liability insurance?  yes  no
- a. If yes, what are the minimum limits required? \$\_\_\_\_\_  yes  no
3. Does the spa facility offer any of the following: microneedling, cryotherapy, fish pedicures, leech therapy, or sensory deprivation tank/float tanks?  yes  no
4. Does the spa facility comply with industry regulations, standards and have the necessary permits as required by local, state, or federal authorities?  yes  no
5. Does the applicant validate that all staff spa & salon staff (employees and 3rd parties) are licensed as required by state, federal and/or local authorities?  yes  no

**Restaurant questionnaire**  not applicable

1. Has the applicant had any health code violations within the past three (3) years?  yes  no
- a. If yes, provide dates of health code violations as well as details on the violations themselves:  
\_\_\_\_\_  yes  no
- b. If yes, have any health code violations lead to closure of the restaurant for any period of time?  yes  no
2. Does the applicant have generators in place to protect stock in the event of a power outage?  yes  no
3. Is the applicant involved in manufacturing, mixing, relabeling or repackaging of products?  yes  no
4. Are all fire extinguishers tagged, mounted and tested annually?  yes  no
5. Does the applicant use mobile barbecue food trailers?  yes  no
6. Does the applicant share a kitchen with other entities that are not under the same ownership on the property?  yes  no
7. Is any table side cooking performed?  
a. If yes, explain: \_\_\_\_\_  yes  no
8. How many fryers does the applicant have onsite?  
a. If applicable, are the deep fat fryers located at least 16 inches from open flame or separated by a vertical stainless-steel barrier?  yes  no  na
9. Does the applicant have a written semi-annual service contract for the automatic extinguishing system?  yes  no  na
10. Does the applicant have a written service contract to clean the cooking hood and exhaust duct system periodically as below based on their type of cooking/operations?  
a. Any solid fuel cooking (charcoal/hardwood) - monthly cleaning?  yes  no  na  
b. Any wok or char broiling or 24-hour operations - quarterly cleaning?  yes  no  na  
c. All other - semiannual cleaning?  yes  no  na  
d. Seasonal cleaning - as described above and once at end of season?  yes  no  na

**Liquor questionnaire**  not applicable

1. Has the applicant had any claims in the past 4 years (current policy and prior 3 years)?  yes  no
2. Does the applicant deliver liquor/alcohol to personal residences either by their own employees or by using a service such as drizly, Saucey, Doordash, Klink, etc.?  yes  no
3. Has anyone that may serve alcohol undergone alcohol awareness training such as training for intervention procedures (TIPS) or techniques of service industry alcohol management (TAMS), or a comparable alcohol server-awareness training course in accordance with state regulations?  yes  no
4. Does the applicant have a written policy prohibiting the sale of alcohol to both visibly intoxicated individuals as well as minors?  yes  no
5. Does the applicant have a current liquor license?
  - a. If yes, is the liquor license issued in the applicant's name?  yes  no
  - b. If yes, has the applicant's liquor license ever been suspended, revoked, or cancelled?  yes  no
6. What are the current liquor limits? \$\_\_\_\_\_ Carrier? \_\_\_\_\_

**Valet questionnaire**  not applicable

1. Who provides valet services (first or third parties)? \_\_\_\_\_  yes  no
- a. If third party, is the applicant listed as an additional insured and a certificate of insurance maintained?  yes  no
2. Does the applicant obtain MVRs annually on the employed valets?  yes  no
3. Does the applicant require that all employed valets have 4 points or less on their license and zero points from DUIs, drag racing, or reckless operation violations?  yes  no
4. Does the applicant obtain background checks on the employed valets and require they do not have a criminal record?  yes  no
5. What's the minimum age of drivers on staff? \_\_\_\_\_  yes  no
- b. Do all drivers have at least 3 years of driving experience?  yes  no

## SECTION 9: NOTICE OF INSURANCE INFORMATION PRACTICES

PLEASE SHARE THIS INFORMATION WITH YOUR CLIENT:

Personal information about them, including information from a credit report, may be collected from persons other than you and them in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us may in certain circumstances be disclosed to third parties without their authorization. They have the right to review their personal information in our files and can request correction of any inaccuracies. A more detailed description of their rights and our practices regarding such information is available upon request.

If the insured cancels the policy, the final premium may be calculated on another than pro rata basis. In that case, the amount of premium due to the insured will be 90% of the unearned premium and final premium will not be less than the full minimum premium.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV – Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. \*Applies in MD Only.

Applicable in CO – 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 Agencies.

Applicable in FL and OK – 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)\*. \*Applies in FL Only.

Applicable in KS – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA – 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA, and WA – 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, and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR – Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in CA – For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## SECTION 10: CERTIFICATION

- AS AN AUTHORIZED REPRESENTATIVE OR AGENT OF THE APPLICANT, I CERTIFY THAT A REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE CORRECT COVERAGES, RATING VALUES, AND ANSWERS TO QUESTIONS IN THIS APPLICATION. I FURTHER CERTIFY THAT THE ANSWERS ARE TRUE, ACCURATE, AND COMPLETE. I AGREE THAT WE WILL RELY ON THIS APPLICATION IN ISSUING ANY INSURANCE POLICY AND THAT THIS APPLICATION (TOGETHER WITH ANY WRITTEN STATEMENTS AND MATERIALS PROVIDED TO US IN CONJUNCTION WITH THE APPLICATION) WILL FORM THE BASIS OF AND WILL BE MADE PART OF ANY SUCH POLICY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN THIS QUESTIONNAIRE BY E-MAIL TO underwriting3@guard.com