

## 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 - <i>Attach Statement of Values</i> | <input type="checkbox"/> Workers' Compensation - <i>Attach Acord 130</i> |
| <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 - <i>Attach Acord 137 &amp; 127</i>     | <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		Square footage	Occupied	Vacant
Total # of hotel rooms	_____	Total: _____ Sq. ft.	_____ %	_____ %
Total # of pools	_____	Hotel: _____ Sq. ft.	_____ %	_____ %
Total # of employees	_____	Restaurant: _____ Sq. ft.	_____ %	_____ %
Total payroll	\$ _____	Retail: _____ Sq. ft.	_____ %	_____ %
		Other: _____ Sq. ft.	_____ %	_____ %
		Describe: _____		

Building information		Annual revenue by source	Year: _____
Original year built	_____	Room rental	\$ _____
# of stories	_____	Food (restaurant or bar)	\$ _____
Year of Updates		Liquor (restaurant or bar)	\$ _____
Plumbing	_____	Conferences or Convention	\$ _____
Electrical	_____	Catering	\$ _____
HVAC	_____	Onsite	\$ _____
Sprinklers	_____	Offsite	\$ _____
Elevators	_____	Equipment rental (bicycles, skis, etc.)	\$ _____
Roof	_____	Other, describe _____	\$ _____
		<b>TOTAL</b>	<b>\$ _____</b>

**Building information**

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

☐ central station fire alarm system
 ☐ smoke detectors
 ☐ emergency lighting
- Is the building currently undergoing any renovations or are any renovations planned within the prospective policy period? ☐ yes ☐ no
  - If yes, what's the anticipated budget of the renovations? \$ \_\_\_\_\_
- 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
- Is the property waterfront? ☐ yes ☐ no
  - 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? ☐ yes ☐ no
  - 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? ☐ yes ☐ no
  - a. If yes, describe: \_\_\_\_\_
11. Is there any sponsorship of any sports or special events? ☐ yes ☐ no
  - 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? ☐ yes ☐ no
  - a. If yes, is the security armed? ☐ yes ☐ no
  - b. If yes, is security provided by a third party? ☐ yes ☐ no
  - 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) \_\_\_\_\_
  - a. If third-party, are all staff required to carry general liability insurance? ☐ yes ☐ no
  - i. If yes, what are the minimum limits required? \$ \_\_\_\_\_
2. Are all salon/spa staff required to carry professional liability insurance? ☐ yes ☐ no
  - a. If yes, what are the minimum limits required? \$ \_\_\_\_\_
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: \_\_\_\_\_
  - 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 barbeque 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? ☐ yes ☐ no
  - a. If yes, explain: \_\_\_\_\_
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? ☐ yes ☐ no
  - 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)? \_\_\_\_\_
  - 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? \_\_\_\_\_
6. 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](mailto:underwriting3@guard.com)