



HOSPITALITY PROGRAM APPLICATION

COUNTRYWIDE

Target Premium w/Fees & Taxes _____ Need by Date _____

GENERAL INFORMATION

Named Insured _____
Address _____ Business Type _____
City _____ State _____ Zip _____ Web Site _____
Contact Person/Owner _____ E-Mail _____
Telephone _____ Fax _____ Mobile _____

POLICY INFORMATION

Effective Date _____
Broker _____ Agent _____
Owner Operated/Leased _____ Years Experience _____
Federal ID Number _____ Years at this Locations _____

PRIOR CARRIER INFORMATION

Is there property insurance currently in effect? [] Yes [] No
If yes, list carrier name _____ Policy Number _____

Please provide your prior insurance carrier name and policy number and any loss information for your prior business, for the last three years.

Table with 4 columns: Effective Date, Insurer, Policy Number, Premium. Contains 3 rows of blank lines for data entry.

PRIOR INSURANCE INFORMATION

Have you conducted your business under any other name during the past five years with all or partial ownership? [] Yes [] No

BUSINESS FINANCIAL INFORMATION

Do you have any overdue lease/mortgage payments, tax liens or business taxes? [] Yes [] No
If Yes, please explain. _____

Have you filed for bankruptcy in the past five years? [] Yes [] No
If Yes, please explain. _____

Has coverage been declined, cancelled or non-renewed in the past three years? [] Yes [] No
If Yes, please explain. _____

During the last 10 years has any applicant been convicted of any degree of the crime of arson? [] Yes [] No

Does the Insured own any other business? [] Yes [] No
If Yes, please explain. _____

LOSS HISTORY (Attach any existing detail loss history)

Table with 4 columns: Premium, Incurred Losses, Number of Claims, Previous Carrier. Rows for Current Year, 1st Prior Year, 2nd Prior Year.



HOSPITALITY PROGRAM APPLICATION

Countrywide

LOCATION / BUILDING INFORMATION (If Risk is located in an Indiana Mine Subsidence Zip Code, include Indiana Supplemental Application)

Corporate and dba Name _____

Location Number _____ Address _____

Building Number _____ City _____ State _____ Zip _____ County _____

Corporate and dba Name _____

Location Number _____ Address _____

Building Number _____ City _____ State _____ Zip _____ County _____

Corporate and dba Name _____

Location Number _____ Address _____

Building Number _____ City _____ State _____ Zip _____ County _____

	Location Building	Location Building	Location Building	Deductible	Coinsurance	Valuation R / ACV
Building Limits						
Business Personal Property Limits						
Agreed Amount	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Income – ALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Income – Scheduled Limit / Co-Insurance						
Blanket (Select One)	<input type="checkbox"/> Bldg	<input type="checkbox"/> BPP	<input type="checkbox"/> Bldg & BPP			

OTHER COVERAGES

Data Compromise \$50,000 Aggregate / \$2,500 Deductible Yes No

Identity Theft \$50,000 Aggregate / \$2,500 Deductible Yes No

LIABILITY COVERAGES

Each Occurrence General Aggregate Limit 1,000,000 / 2,000,000

Products/Completed Operations Aggregate Limit 2,000,000

Fire Damage Limit – Policy Provides \$500,000 If greater than \$500,000 Provide Limit

Medical Expense Limit or Exclusion Exclude 1,000 5,000 15,000

Liquor Liability 1,000,000 / 1,000,000 Yes No

Employee Benefits E&O Coverage Yes No

If Yes, Select Limit 300,000 / 300,000 500,000 / 500,000 1,000,000 / 1,000,000

If Yes, Number of Employees

Hired and Non Owned Auto * Yes No

Does the Insured Have Primary Auto Coverage in Place * Yes No

OH Employers Liability Stop Gap Coverage (if applicable) 100,000 / 100,000 / 500,000 500,000 / 500,000 / 500,000 1,000,000 / 1,000,000 / 1,000,000

WA Employers Liability Stop Gap Coverage (if applicable) 100,000 / 100,000 / 500,000 500,000 / 500,000 / 500,000 1,000,000 / 1,000,000 / 1,000,000

PA Elevators and Escalators Yes No If Yes, How Many? _____

* Hired & Non-Owned Auto coverage is NOT available if Primary Auto coverage is in force. Must answer question relating to Primary Auto or coverage will NOT be granted.



ADDITIONAL PROPERTY COVERAGES

Please Provide Total Limit Requested	Location Building	Location Building	Location Building
Accounts Receivable – Policy Provides \$25,000 On Premises			
Back Up Sewer or Drain – Policy Provides \$25,000			
Debris Removal – Policy Provides \$25,000			
Electronic Data Processing Equipment – Policy Provides \$40,000			
Media – Policy Provides \$10,000			
Fine Arts – Policy Provides \$25,000			
Ordinance or Law Coverage			
Demolition – Policy Provides \$100,000			
Increased Cost of Construction – Policy Provides \$100,000			
Increased Period of Restoration (Provide Number of Days)			
Outdoor Signs – Policy Provides \$10,000			
Utility Services–Direct Damage – Policy Provides \$25,000			
Utility Services–Time Element			
Valuable Papers and Records–Policy Provides \$25,000 On Premises			

CRIME INFORMATION

Total Number of Employees			
Number of Employees Handling Money			
Number of Deposits Per Week			
Any Prior Crime Losses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Theft – Policy provides \$25,000			
ERISA Coverage	Name of Plan		
	Address of Plan		
Forgery or Alteration – Policy provides \$10,000			
Theft of M&S (Inside/Outside) – Policy provides \$25,000/\$10,000			
ADD Robbery or Safe Burglary – \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INLAND MARINE

Miscellaneous Articles Floater If yes, complete schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan / Account Number			
Loss payee Name			
Address			
Address			
City, State, Zip			
Item Description			



PROPERTY INFORMATION		Location Building	Location Building	Location Building
Is Hotel Franchised		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Franchise Name				
Number of Units				
Total Annual Receipt				
Average Room Rate				
Occupancy Rate				
Total Square Footage				
Number of Stories				
Construction				
Year Built				
Protection Class				
Any Gas Stoves in Rooms		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year Building Updated				
Year HVAC Updated				
Year Roof Updated				
Year Electrical Updated				
Year Plumbing Updated				
Corridor Access (Interior / Exterior)				
Roof Type				
Sprinkler (Full w/Flow Test / Full w/o Flow Test / Partial-%)				
Sprinkler Flow Test Date				
Central Station Fire Alarm		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Burglar Alarm		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors (Hardwired or Battery)		<input type="checkbox"/> HW <input type="checkbox"/> Battery	<input type="checkbox"/> HW <input type="checkbox"/> Battery	<input type="checkbox"/> HW <input type="checkbox"/> Battery
Does Property have any City/County Code Violations		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lightning Rods on Buildings		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UL Certified Surge Protectors		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Surveillance in Common Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distance to Nearest Fire Department				
Distance to Nearest Fire Hydrant				



UNDERWRITING INFORMATION				Location Building	Location Building	Location Building
Extended Stay Hotel – Over 7 Consecutive Days				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain						
Number of Rooms with Kitchenettes						
Smoke Detectors in All Common Areas and Rooms				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Rooms with Hourly Rates				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day-Care Operations				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children's Playground				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Security Guards (Armed or Unarmed)						
Managers Apartment				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Rooms Rented to Employees				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain						
Exercise Equipment				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free weights				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restaurant (Owned / Leased / None)*						
Any LRO Exposure If Yes, enter square footage and describe				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Square Footage		Describe				
Bar/Lounge/Dancing Exposure				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Banquet and/or Meeting Rooms (If Yes, Enter Number of Rooms)						
Total Capacity All Banquet and/or Meeting Rooms						
Non-slip Surfaces in Tubs/Showers				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Lighting/Adequate Egress Exists				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical System Connected to Circuit Breakers				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Gambling on Premise				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Unusable/Un-rentable Rooms				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Vacant/Unoccupied Locations/Buildings				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valet Parking				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required Age of Employees						
Is there a FORMAL Pest Control Program for BEDBUGS				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If premises contains restaurant or LRO exposure, a separate supplemental application is required.*



LIABILITY INFORMATION

	Location Building	Location Building	Location Building
Basketball, Tennis or Sports Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dock or Boat Rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Access to Lobby/Building Restricted at Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security Cameras in Common Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacant Land Acres; If Yes, Enter Number of Acres			
Gift Shop on Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pools and Jacuzzis (if Yes, Enter Number at Each Location)			
Are Pools / Jacuzzis Enclosed by a Fence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Enter Height of Fence			
Is the Fence Self Closing and Latching Gate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is There a Diving Board or Slide	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do Walkways Have Non-slip Walk Surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Rules Posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifeguard On Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Depths Marked and Visible Both in and Out of Pool	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Life Safety Equipment (Ring, Sheppard's Hook) Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are There GFI Circuits on Pool and Jacuzzi	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFE SAFETY

Are Emergency Plans Posted in Public Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is There Emergency Lighting in Corridors, Interior Hallways and Stairwells	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is There a Written Life Safety Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are There Any Firearms on the Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIQUOR

Total Liquor Receipts			
Assault or Battery Claims in the Last 3 Years (If Yes, Enter Number)			
Does Applicant Currently Have Liquor Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant Keep an Alcohol Incidents Log Book	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Citation/Violations in the Past 3 Years (If Yes, Enter Number)			
Was License ever Suspended or Canceled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Establishment Have a Liquor License	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CATASTROPHE EXPOSURES

Wind/Hail Exclusions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wind/Hail Deductible			
Distance From Coastal Water			
Earthquake Coverage Requested*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Earthquake is not available in all areas. Maximum Limit is \$2,000,000.



MORTGAGE / LOSS PAYEE	Location Building	Location Building	Location Building
Mortgage Name			
Address			
Address			
City, State, Zip			
Designation	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee

To add an Additional Insured, please complete the Additional Insured Supplemental Application

WARRANTIES AND NOTICES

NOTICE

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 material 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 (in New York) civil penalties.

INSURED WARRANTY

I hereby apply for a policy of insurance as set forth in the application and I certify that all the information provided by me in this application is true and complete. I understand that any policy which may be issued by the company will be issued on the basis of and in reliance upon my statements in this application. I agree that such policy shall be null and void if any such statements are false, misleading or incomplete.

Insured Signature _____

Date _____

Print Name _____

RETAIL AGENT WARRANTY

I hereby warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief, that this application was completed and personally signed by the applicant and that a completed copy hereof has been given to the applicant.

Retail Agent Signature _____

Date _____

Print Name _____

BOTH INSURER AND RETAIL AGENT SIGNATURE LINES MUST BE SIGNED



ADDITIONAL INSURED SUPPLEMENTAL APPLICATION

ADDITIONAL INSURED	Location Building	Location Building	Location Building
Additional Insured(s) Number			
Additional Insured(s) Name			
Address			
Address			
City, State, Zip			
Additional Insured Business State			
Receive Cancel Notice	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INSURED TYPE

AI#

<input type="checkbox"/>	Concessionaires Trading Under Your Name	CG 2003	
<input type="checkbox"/>	Controlling Interest	CG 2005	
<input type="checkbox"/>	State or Political Subdivisions – Permits	CG 2012	
<input type="checkbox"/>	State or Political Subdivisions – Permits Relating to Premises	CG 2013	
<input type="checkbox"/>	Executors, Administrators, Trustees or Beneficiaries	CG 2023	
<input type="checkbox"/>	Elective or Appointive Executive Officers of Public Corporations	CG 2025	
<input type="checkbox"/>	Designated Person or Organization	CG 2026	
<input type="checkbox"/>	Grantor of Franchise	CG 2029	
<input type="checkbox"/>	Lessor of Leased Equipment – Automatic Status	CG 2034	
<input type="checkbox"/>	Grantor of Licenses – Automatic Status	CG 2035	
<input type="checkbox"/>	Grantor of Licenses	CG 2036	
<input type="checkbox"/>	Owners, Lessees, Contractors Scheduled Person / Organization	CG2010	Location of Covered Operations
<input type="checkbox"/>	Managers or Lessors of Premises	CG 2011	Designation of Premises Address
<input type="checkbox"/>	Vendors	CG 2015	Your Products
<input type="checkbox"/>	Mortgage, Assignee or Receiver	CG 2018	Designation of Premises Address
<input type="checkbox"/>	Owners or Other Interests from Whom Land has been Leased	CG 2024	Designation of Premises Address
<input type="checkbox"/>	Co-Owner of Insured Premises	CG 2027	Designation of Premises Address
<input type="checkbox"/>	Lessor of Leased Equipment	CG 2028	Location of Leased Equipment
	Description of Leased Equipment or Autos		