



**[Response Indemnity Company of California - California]
 [Lyndon Southern Insurance Company - Arizona, Idaho, Nevada, Oregon, Utah, and Washington]**

Underwriter: _____	Broker: _____	Date: _____
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Hotel/Motel Program Application

This application forms and becomes part of your policy.

INSURED

Named Insured: _____	Effective Date: _____
DBA: _____	Entity: _____
E-mail Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Location Address: _____	
City: _____	State: _____ Zip code: _____

PROPERTY	<i>Limit</i>	<i>Perils</i>	<i>Co-Ins.</i>	<i>Deductible</i>	
Building:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Business Personal Property:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
TIB:	\$ _____	_____	_____	\$ _____	<input type="checkbox"/> EQ Sprinkler Leakage
Gross Annual Income:	\$ _____				
Signs:	\$ _____			\$ _____	

LIABILITY

General Liability:	\$ _____	<i>Occurrence/Aggregate</i>
Fire Damage:	\$ _____	
Medical Expense:	\$ _____	
Hired & Non-Owned Auto:	\$ _____	
Umbrella:	\$ _____	<small>*If requesting umbrella coverage, please include Acord 131</small>

COVERAGE AVAILABLE

	<i>Limit</i>	<i>Deductible</i>
Ordinance or Law:	\$ _____	
Employee Dishonesty (Blanket Occ/Agg Limit)	\$ _____	\$ _____
Innkeeper Legal Liability:	\$ _____	
Money and Securities:	\$ _____	\$ _____
Accounts Receivable:	\$ 100,000	
Valuable Papers:	\$ 100,000	\$ _____
Liquor Liability:	\$ _____	
Other Coverages:		

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

ADDITIONAL INFORMATION

Prior Policy Number: _____	Company Name: _____
Expiration Date: _____	Expiring Premium: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has coverage been cancelled/non-renewed? <i>If yes, explain:</i> _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the broker personally seen the risk? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Losses? (3 yr. current valued loss runs must be provided)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have there been any claims (including EPLI), suits or complaints, or any pending claims against the insured, any executive, officer or owner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured or any executive, officer or owner have knowledge or information of ANY (past or present) act, error or omission which could reasonably be expected to result in a claim, suit or complaint?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past and/or upcoming 12 months combined, there has not been nor does the insured expect any layoffs or reductions in the workforce totaling more than 15% of the total employee count?
How many employees does the insured have? Full Time: _____ Part Time: _____	

BUILDING / PROPERTY / OPERATIONS INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Any known evidence of MOLD damage? <input type="checkbox"/> Yes <input type="checkbox"/> No Any un-repaired damage to the property? <i>If 'Yes' to either of the above two questions, explain separately in detail.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Diving boards or slides? <input type="checkbox"/> Yes <input type="checkbox"/> No Pool depth marked? <input type="checkbox"/> Yes <input type="checkbox"/> No Pool fenced w/ self latching/closing gate? <input type="checkbox"/> Yes <input type="checkbox"/> No All pool/jacuzzi warning signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Parental notice signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No In-room jacuzzi? <i>How many?</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Kitchenettes? <i>How many?</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes" to kitchenettes - with hood/duct ventilation?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Banquet halls? Sq. ft.: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Fitness center? <i>Type of equipment:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Ground floor parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Open lot parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Underground parking? <input type="checkbox"/> Yes <input type="checkbox"/> No Owners experience at this location +1 year? <i>If new, provide type of experience and years:</i> Years: _____ Experience: _____ Hotel/Motel Gross Annual Receipts: \$ _____ Percent of weekly-monthly rentals: _____ % <input type="checkbox"/> Yes <input type="checkbox"/> No Does risk have a restaurant and/or bar? <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant/bar in main building? <input type="checkbox"/> Yes <input type="checkbox"/> No Restaurant/bar leased to others? <i>If 'Yes', indicate sq. ft.: _____ Provide Cert of Ins.</i> <i>If 'No', a separate Restaurant Application must be provided.</i> Total Area Occupied by applicant: _____ Sq. Ft. Sub-leased area to other by applicant: _____ Sq. Ft. Tenant operations: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <i>At any time during policy period will risk be closed for remodeling or reconstruction? Expected opening:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an active liquor license? <input type="checkbox"/> Yes <input type="checkbox"/> No Has applicant ever been assessed a fine or had their liquor license suspended or revoked? <i>If yes, please describe separately.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Have all managers and servers completed an alcohol awareness training program? <i>If so, how often?</i> _____ <i>Who performs the training?</i> _____ <i>*Attach description of procedures in place to prevent the sale of alcoholic beverages to minors and/or intoxicated persons.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Have a ride home policy for intoxicated individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No Is alcohol being served after the kitchen closes? <i>If yes, for how many hours?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant own any commercial auto? <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial auto insurance in force? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-owned/Hired Auto liability provided by auto policy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant's employees use their personal auto for business? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant require these employees to carry liability insurance?
Construction Type: _____ Roof Type: _____ Total number of stories: _____ Distance between bldgs: _____ Total number of units: _____ Total number of bldgs: _____ Total building area sq. ft.: _____ Year built: _____ <i>If the property is 25 years of age or older, please answer the following questions to the best of your knowledge:</i>	
01. Electrical Has the electrical system been: <input type="checkbox"/> updated <input type="checkbox"/> upgraded or <input type="checkbox"/> replaced? <i>If YES, when?</i> <i>If Yes to "replaced", was it:</i> <input type="checkbox"/> Partial or <input type="checkbox"/> Full	
02. Plumbing Has the plumbing been: <input type="checkbox"/> updated <input type="checkbox"/> upgraded or <input type="checkbox"/> replaced? <i>If YES, when?</i> <i>If Yes to "replaced", was it:</i> <input type="checkbox"/> Partial or <input type="checkbox"/> Full	
03. Roofing Has the roof been: <input type="checkbox"/> updated <input type="checkbox"/> upgraded or <input type="checkbox"/> replaced? <i>If YES, when?</i> <i>If Yes to "replaced", was it:</i> <input type="checkbox"/> Partial or <input type="checkbox"/> Full	
04. HVAC Has the electrical system been: <input type="checkbox"/> updated <input type="checkbox"/> upgraded or <input type="checkbox"/> replaced? <i>If YES, when?</i> <i>If Yes to "replaced", was it:</i> <input type="checkbox"/> Partial or <input type="checkbox"/> Full	
<input type="checkbox"/> Yes <input type="checkbox"/> No Fire sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No Central station fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors in all units? <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke detectors checked semi-annually? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire extinguishers on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Elevators? <i>How many?</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Closed circuit cameras for entry/security gate? <input type="checkbox"/> Yes <input type="checkbox"/> No Security guards? <i>How many?</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Security guards armed?</i> <i>Security are:</i> <input type="checkbox"/> employees <input type="checkbox"/> privately contracted <input type="checkbox"/> Yes <input type="checkbox"/> No Firearms on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Service/maintenance contracts for electrical gates, elevators, swimming pools and fitness center equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-skid strips on bath/shower surfaces? <input type="checkbox"/> Yes <input type="checkbox"/> No Tempered shower glass doors? <input type="checkbox"/> Yes <input type="checkbox"/> No Unit doors are self-closing? <input type="checkbox"/> Yes <input type="checkbox"/> No Unit doors are self-locking? <input type="checkbox"/> Yes <input type="checkbox"/> No Peepholes on all guest unit doors? <input type="checkbox"/> Yes <input type="checkbox"/> No Swimming Pool or Jacuzzi? <i>How many?</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguard? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>"No Lifeguard on Duty" signs?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Charge guests to use pool?	

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OREGON APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Please read the following statement carefully and sign where indicated. If the Employment Practices Liability Coverage Part/Endorsement is issued, this signed statement is deemed to be attached to and shall become a part of the policy.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in the Employment Practices Liability coverage part or endorsement shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of the Employment Practices Liability coverage part or endorsement.

The undersigned authorized officer, owner or manager of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the deductible amount.

THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER, OWNER OR MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD AN EMPLOYMENT PRACTICES LIABILITY COVERAGE PART/ENDORSEMENT BE ISSUED, AND THE APPLICATION IS DEEMED TO BE ATTACHED TO AND SHALL BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE INSURED REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT, OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY BOND OR POLICY ISSUED.

Person to contact for inspection:		Applicant/Broker Signature	
Name:	Phone:	X	
Email:		Date:	

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