



UCA General Insurance Services, Inc.

Underwriter: _____

Broker: _____

Date: _____

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

	Limit	Perils	Co-Ins.	Deductible	
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:	\$ _____	Occurrence/Aggregate
Fire Damage:	\$ _____	
Medical Expense:	\$ _____	
Hired & Non-Owned Auto:	\$ _____	

COVERAGE AVAILABLE

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

ADDITIONAL INTERESTS

Additional Insured: _____
Loss Payee: _____
Mortgagee: _____

Application continues on page 2

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

Application continues on page 2

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*As used in this questionnaire, "third party" means a written or oral demand, civil suit, or administrative, arbitration or criminal proceeding (regardless of its validity or outcome) brought by a third party concerning injury or damage arising out of the premises and/or operations for which applicant seeks insurance (No coverage for these and unknown claims/losses occurred prior to binding). Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud, is guilty of a crime and subject to civil fines, criminal penalties and confinement in prison. This application forms and becomes part of your insurance policy.

ADDITIONAL INFORMATION

<input type="checkbox"/> Yes <input type="checkbox"/> No Has the broker personally seen the risk?	Prior Policy Number: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Has coverage been cancelled/non-renewed?	Company Name: _____
<i>If yes, explain:</i> _____	Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Prior Losses? (3 yr. current valued loss runs must be provided)	Premium: _____
<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: _____ Total number of buildings: _____ Total number of units: _____ Distance between 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>	
04. Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Has the electrical system been updated, upgraded or replaced? If YES, when? _____ <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Copper wiring? <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <input type="checkbox"/> No Is the property on circuit breakers? <input type="checkbox"/> Unsure	
05. Plumbing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the plumbing system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure	
06. Roofing <input type="checkbox"/> Yes <input type="checkbox"/> No Has the roof been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure	
07. HVAC <input type="checkbox"/> Yes <input type="checkbox"/> No Has the HVAC system been updated, upgraded or replaced? If YES, when? <input type="checkbox"/> Unsure	
<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? How many? _____ <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> Security are: <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?	