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| **Program Administrator:**Distinguished Programs1180 Avenue of the Americas, 16th Floor, New York, NY 10036[www.distinguished.com](http://www.distinguished.com) | **Lead Insurer:** ACE Property & Cas. Ins. Co. , or Illinois Union Ins. Co. (in the state of Louisiana) **Excess Insurer(s):** To be determined |
| **DISTINGUISHED HOSPITALITY AND REAL ESTATE APPLICATION**Hotel, Restaurant, Commercial & Habitational Real Estate |
| To obtain an umbrella quote, ALL questions must be answered for the applicable sections. Incomplete submissions will be declined. In addition to this supplemental, quotes for General Liability and primary Auto coverage require ACORD applications or equivalent.\*Use **“Tab”** button to move through document quickly; **“Spacebar”** to check boxes. There is no password needed to unprotect if preferred. |
| **Broker Information:** |
| Brokerage/Agency Name:  |
| Address:  | City:  | County:  | State:  | Zip Code:  |
| Contact Person:  | Phone #:  | Fax #:  | Email:  |

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| **Applicant Information:** |
| Company Name:  |
| Insured Contact Name:  | Insured Email:  |
| Address:  | City:  | County:  | State:  | Zip:  |
| Description of Applicant’s operations:  | Year Established:  |
| **Additional Named Insured’s:** Please include list of Named Insured’s as an attachment including description of operations |
| 1. Are there any operations not directly related to the ownership or maintenance of property (except with respect to hotel or motel operations and related restaurant operations, guest services and recreational facilities)? | **YES [ ]**  | **NO [ ]**  |
| 2. Does the Applicant have any subsidiary companies where operations are different than the Applicant’s?  | **YES** **[ ]**  | **NO** **[ ]**  |
| 1. Subsidiary Name: (attach separate list if needed)
2. Description of Subsidiary’s Operations:
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| **Policy Information:** |
| Effective Date: // | Expiration Date: // |
| Indicate Coverage Desired: **[ ]  General Liability [ ]  Property [ ]  Auto Liability & Physical Damage [ ]  Umbrella Liability [ ]  Cyber Liability** |
| Lead Umbrella Limit Requested:  Expiring Lead Umbrella Carrier:  Expiring Total Umbrella Cost: $  |

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| **Submission Exposure Summary:** |
| Total # of Locations:  | Total # of Owned Autos:   | Total # Pools:  |
| Total # of Rental Apt Units:   | Total # of Coop/Condo Units:   | Total Warehouse Sq. Ft.:  |
| Total Acres of Vacant Land:   | Total Retail Sq. Ft.:  | Total Office Sq. Ft.:  |
| Total Manufacturing Sq. Ft.  | Total # of Single-Family Homes:  | Total # of Hotel Rooms:  |
| Total # of Golf Courses:  | Please check off any states in which the applicant has locations, employees, or automobiles:Florida [ ]  Louisiana [ ]  New Hampshire [ ]  Vermont [ ]  West Virginia [ ]  None [ ]  |

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| **Fire / Life Safety:** |
| 1. Do all properties meet all building codes and ordinances? | **YES [ ]**  | **NO [ ]**  |
| 2. Do all properties over 2 stories have two means of egress on all floors? | **YES [ ]**  | **NO [ ]**  |
| 3. Do all properties have hardwired smoke detectors, battery operated smoke detectors maintained on a regular schedule or an automated fire detection/alarm system? | **YES [ ]**  | **NO [ ]**  |
| 4. Are all properties 8 to 20 stories fully sprinklered or equipped with a standpipe system and building wide fire alarm? | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 5. Are all properties over 20 stories fully sprinklered? | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 6. Are any properties over 3 stories frame construction? | **YES [ ]**  | **NO [ ]**  |

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| **General Questions:** |
| **Does the applicant have any of the following exposures? If “NO”, proceed onto the next question.**Check boxes for all exposures listed.  | **YES [ ]  NO [ ]**  |
| **[ ]** Mobile home / RV / trailer parks**[ ]** Senior Housing**[ ]** Boarding or Rooming houses**[ ]** Student housing/dorms**[ ]** Assisted living facilities / nursing homes**[ ]** Enclosed malls over 1,000,000 square feet**[ ]** Inflatables | **[ ]** 50+ story buildings**[ ]** Stand-alone parking garages or lots **[ ]** Vacant or unoccupied buildings (defined as not at least 70% occupied).**[ ]** Convention Centers**[ ]** Ski Resorts (if ski facilities intended for coverage by this product)**[ ]** Man lift**[ ]** Valet parking by employees or volunteers |
| **Do you have any of the following tenancies? If “NO”, proceed onto next question.** Check boxes for all exposures listed. | **YES [ ]  NO [ ]**  |
| **[ ]** Tire sales**[ ]** Heavy manufacturing tenancy**[ ]** Places of Worship | **[ ]** Hazardous material or cold storage warehousing**[ ]** Government agencies **[ ]** Gasoline Service Stations |
| 1. Are there any locations or operations outside of the United States?
 | **YES [ ]  NO [ ]**  |
| 1. Does the applicant own or manage any high terrorism risk properties such as colleges or universities, government buildings, historic landmarks or symbolic financial buildings?
 | **YES [ ]  NO [ ]**  |
| 1. Does the schedule of locations have more than ten (10) single- or two-family houses?
 | **YES [ ]  NO [ ]**  |
| 1. Do all non-habitational tenants have a written lease agreement providing the insured with additional insured status on the tenants liability policies and require the tenant to carry a minimum limit of $1M/$2M?
 |  **N/A [ ]  YES [ ]  NO [ ]**  |
| 1. Do all 3rd parties, who have access to, or conduct work on the insured premises have a written contract holding the Insured harmless and providing a COI with $1M in limit & additional insured status?
 | **YES [ ]  NO [ ]**  |
| 1. Does the applicant have operations in which they, or someone operating on their behalf, have minors in their care, custody or control? (examples: Kiddie Clubs, Day Care or Babysitting)
 | **YES [ ]  NO [ ]**  |
| 1. Are any buildings currently under construction or structural renovation or planned to be under construction or structural renovation during the policy period?
 | **YES [ ]  NO [ ]**  |
| 1. Does the applicant have any security personnel on site at any insured locations?
	1. *If yes*, Is security armed? Armed includes (but not limited to) use of guns, handcuffs, mace or other chemical defense, stun guns, tasers, nightsticks or guard dogs.
	2. *If yes*, are personnel restricted to off-duty police officers?
	3. Are security personnel: **[ ]**  insured employees? **[ ]** 3rd party contracted security?
		1. If 3rd party, does security firm have at least 5 years of experience?
	4. *For hotels only: Are there* electronic keys or key control measures in place with controlled access to hotel after hours?
 | **N/A [ ]** **N/A [ ]**  | **YES** **[ ]  NO** **[ ]** **YES [ ]  NO [ ]** **YES [ ]  NO [ ]** **YES [ ]  NO [ ]** **YES [ ]  NO [ ]**  |
| 1. Does the applicant have any recreation facilities other than swimming pools, health club, golf course, tennis court, playgrounds, and community rooms?
 | **YES [ ]  NO [ ]**  |
| 1. Are any recreation facilities open to the general public (non-guests or tenants)?
 | **YES [ ]  NO [ ]**  |

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| **Swimming Pool Information:** |
| **Does the applicant have any swimming pools?** **If “NO”, proceed onto next section.** |  **YES [ ]  NO [ ]**  |
| 1. Are there any diving boards?
 |  **YES [ ]  NO [ ]**  |
| 1. Are there any water slides and/or lazy rivers?
 |  **YES [ ]  NO [ ]**  |
| 1. Are all pools fenced and/or fully enclosed and secured with self-locking and self-closing doors or gates?
 |  **YES [ ]  NO [ ]**  |
| 1. Are there signs at all pools clearly stating that swimming is at the individuals own risk and no diving is permitted?
 |  **YES [ ]  NO [ ]**  |
| 1. Do pools meet the Virginia Graeme Baker Pool and Spa Safety Act?
 |  **YES [ ]  NO [ ]**  |
| 1. Are depth markers clearly displayed and safety equipment present?
 |  **YES [ ]  NO [ ]**  |

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| **Vacant Land Exposures:** |
| **Does the applicant have Vacant Land? If “NO”, proceed onto next section.** |  **YES [ ]  NO [ ]**  |
| 1. How many vacant land locations are there?
 |
| 1. Are you aware of any activity of any kind on the vacant land resulting from a leasing arrangement with third parties or from unauthorized access by third parties?
 |  **YES [ ]  NO [ ]**  |
| 1. Do any of the vacant land locations have any attractive nuisance exposures such as bodies of water, hiking trails, all-terrain-vehicle trails or race courses, abandoned or vacant buildings, public rights-of-way etc?
 |  **YES [ ]  NO [ ]**  |

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| **New York Locations (NYLL):** |
| **Does the applicant have any locations in NY where NYLL would apply? If “NO”, proceed onto next section.**  | **YES [ ]**  |  **NO [ ]**  |
| 1. Do you require all service/maintenance subcontractors working for your properties to provide evidence of insurance?
 | **YES [ ]**  |  **NO [ ]**  |
| 1. Do you require written contracts for all your subcontractors?
 | **YES [ ]**  |  **NO [ ]**  |
| 1. Do you require all service/maintenance subcontractors to hold you harmless and name you as Additional Insured on their insurance?
 | **YES [ ]**  |  **NO [ ]**  |
| 1. Do you realize that NY Labor Law is a strict liability statute (meaning that fault or negligence does not have to be proven). If a subcontractor falls from any height on your property or while working under your request, they can sue you and hold you liable for their injuries, the value of which is determined by a jury?
 | **YES [ ]**  |  **NO [ ]**  |

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| **Restaurant Exposures:** |
| **Does the applicant operate, or subcontract the operation of any restaurants?** **If “NO”, proceed onto next section.** | **YES [ ]**  | **NO [ ]**  |
| 1. Are any restaurant facilities “stand-alone” locations (not connected to a hotel or motel)?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Do any of the restaurants have a nightclub exposure, or include dance floors, live entertainment, adult entertainment venues, halls for hire, or civic or social clubs? **If “YES”, please describe:**
 | **YES [ ]**  | **NO [ ]**  |
| 1. Does the applicant have any catering operations? **If “YES”, please describe:**
 | **YES [ ]**  | **NO [ ]**  |
| 1. Valet Parking by employees or volunteers?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Catering for more than 300 persons at any stand-alone restaurant or off-site location?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Do all locations have automatic fire extinguishing systems (U.L. approved wet or dry) that are above and covering all cooking surfaces, with a semiannual service contract?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Are there any restaurant locations that are below grade and not fully sprinklered?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Does the applicant/insured offer first party delivery services?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Do the applicant’s operations include any fast food (a.k.a. Quick Service Restaurants)?
 | **YES [ ]**  | **NO [ ]**  |

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| **Liquor Exposures:** |
| **Does the applicant have any liquor exposure present?** **If “NO”, proceed onto next section.** |  | **YES [ ]**  | **NO [ ]**  |
| 1. Are liquor receipts over 40% of combined food & liquor receipts at any location?
 | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 1. Does the applicant have any liquor receipts in the states of AL, AK, DC, or VT?
 | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 1. Does the applicant have any liquor receipts in the states of AR, CT, HI, IL, KY, MA, MI, MT, NM, NY, NC, OK, PA, RI, SC, TX, UT, WV?
 | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 1. Do all locations selling liquor conduct TIPS or similar training for all servers of liquor?
 | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 1. Has the applicant received any citations from any liquor control or law enforcement authority?
 | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |

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| **Hotel Operations Only (Legionella/Additional Amenities):** |
| **Does the insured own or manage any hotel operations? If “NO”, proceed onto next section.** | **YES [ ]  NO [ ]**  |
| 1. Does the insured maintain documentation of all cleaning and disinfecting of any and 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, Jacuzzis, or spa tubs)?
2. Is there a named, trained person responsible for all administration and documentation of the procedures detailed in question 1 above?
 | **YES [ ]  NO [ ]** **YES [ ]  NO [ ]**  |
| 1. Is there a room rotation procedure in place to ensure no room remains unoccupied for more than 2 weeks?
 | **YES [ ]  NO [ ]**  |
| 1. Have you completed a Center’s for Disease Control (CDC) Legionella Environmental Assessment or had a loss control survey for legionella exposure completed by a professional engineering firm?
 | **YES [ ]  NO [ ]**  |
| 1. Are cooling towers present?

a) If **yes**, are all locations in compliance with local, state or federal requirements and inspected at least once a year? | **YES [ ]  NO [ ]** **YES [ ]  NO [ ]**  |
| 1. Does the property have an anti-trafficking checklist and provide all employees with training on identifying and reporting human trafficking?
 | **YES [ ]  NO [ ]**  |
| 1. Other revenue: $
 |  |
| 1. Total Hotel Room Revenue: $
 | Total Food & Bev Revenue (excl-Liquor): $ | Total Liquor Revenue: $ |

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| **Hotel Operations Only Additional Amenity Questions:** |
| Do you have any of the following amenities? If “NO”, proceed to next section.  | **YES [ ]  NO [ ]**  |
| The following exposures require the Amenities Supplement. *These amenities need to be addressed whether they are first or third party:* |
| **[ ]** Amusements (Including Mechanical Bull, Surfrider, etc.)**[ ]** Aviation **[ ]** Axe/Knife Throwing**[ ]** Bicycle/Scooter Rental**[ ]** Contact Sports Including Boxing/MMA/UFC Fighting, **[ ]** Rodeo, Cheerleading Exhibition or Similar**[ ]** Camping/RV Park**[ ]** Casino**[ ]** Childcare/Kid Camp**[ ]** Cigar/Oxygen Bar**[ ]** Dock/Marina**[ ]** Cross Country Ski (Downhill Ski Exposure/Lifts are  Ineligible) | **[ ]** Electric Bikes**[ ]** Equestrian**[ ]** Golf**[ ]** Hot Air Balloon Rides**[ ]** Live Entertainment (including concert venue or theatre)**[ ]** Racing (Horse, Dog, Auto, etc)**[ ]** Rental of Motorized Vehicles (Autos, ATVs, Snowmobiles, etc)**[ ]** Shooting/Archery/Hunting**[ ]** Watercraft or Watersports **[ ]** Waterfront/Beach Exposure**[ ]** Waterpark/Waterslide(s)/Lazy River**[ ]** Health Spa on premises:  Is the spa 1st Party **[ ]**  or 3rd Party **[ ]**  Managed? |

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| **Condominium/Co-Op Directors & Officer’s Liability (D&O) Exposures:** |
| **Does the applicant want to include a not-for-profit condo and/or coop D&O policy on the Schedule of Underlying?** **If “NO”, proceed onto next section.** **If “YES” Attach a copy of the underlying D&O application and policy.** | **YES [ ]**  | **NO [ ]**  |
| 1. Are any of the units included in a hotel type operation?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Has the applicant had any D&O claims in the past five (5) years?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Does the association have a positive fund balance?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Is the first named insured on the D&O policy a not-for-profit condominium, cooperative or homeowners’ association?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Is the D&O policy stand-alone and written on a claims-made basis?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Do defense costs erode the D&O limits? (Defense within the limits)
 | **YES [ ]**  | **NO [ ]**  |
| 1. Is the developer represented on the board of directors?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Number of Employees
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| **Automobile Exposure** (please attach auto ACORD or equivalent with radius, passenger capacity, vehicle cost new and vehicle use): |
| **Does the applicant have any Owned Autos?** **If “NO”, proceed onto next section.** | **YES [ ]**  | **NO [ ]**  |
| 1. Do any of the applicant’s vehicles have a radius of use over 50 miles?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Do any of the applicant’s vehicles have seating for more than 15 passengers?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Are any of the applicant’s vehicles used to transport people or goods for a specific fee or charge?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Are any of the applicant’s vehicles used for sightseeing or other tour operations?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Are satisfactory pre-hire and annual MVRs required of all drivers?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Does the applicant transport any hazardous material?
 | **YES [ ]**  | **NO [ ]**  |
| 1. Do any locations provide transportation to 3rd parties such as guests or residents (shuttle vans/buses)?
 | **YES [ ]**  | **NO [ ]**  |
| a) Does the applicant have more than 5 vehicles for transporting guest or residents? | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| b) Does the applicant have assigned drivers for all vehicles transporting 3rd parties? | **NA [ ]**  | **YES [ ]**  | **NO [ ]**  |
| 1. If you are seeking primary Auto Liability Coverage and Auto Physical Damage coverage please provide complete auto ACORD applications.
 |
| **Type of Vehicle** *(For Mono-line Umbrella Use Only)* | **# of Owned Units** | **Describe General Use** |
| **Private Passenger / SUV** |  |  |
| **Light Truck/ Vans** (0-10,000 lbs, including 1 – 8 passenger vans) |  |  |
| a) Not used to transport 3rd Party Passengers |  |  |
| b) Used to transport 3rd Party Passengers |  |  |
| **Medium Trucks / Vans** (10,001 – 20,000 lbs, including 9-15 pass. vans) |  |  |
| a) Not used to transport 3rd Party Passengers |  |  |
| b) Used to transport 3rd Party Passengers |  |  |
| **Large Vans / Buses** (over 15 passengers) |  |  |
| **Other** (Describe)  |  |  |
| **Totals:** |  |  |

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| **Loss Information:** Loss runs must apply to all locations included in submission.General Liability and Products and Completed Operations |
| 1. Does the aggregate incurred loss total for anyone (1) year exceed $300,000?  *(Loss total must be supported by 5 complete years of currently valued (w/in 90 days of the proposed effective date) loss runs or loss summary.)* | **YES** **[ ]**  | **NO** **[ ]**  |
| 2. Have there been any of the following claims or incidents in the past five (5) consecutive years: Lead, Liquor, Mold or Fungus, Legionella, Asbestosis, 3rd Party Discrimination, ADA/Fair Housing claim, Fatality, Paralysis, Brain Injury, Murder, Assault/Battery, Sexual Assault/Rape, Shooting, Stabbing, Human or Illegal Drug Trafficking, Drowning, Electrical Shock; Construction Defect or NY Labor Law (“scaffold” labor laws 240 & 241)?  | **YES** **[ ]**  | **NO** **[ ]**  |
| a) If “YES”, please provide details of such losses.       |
| 3. Have there been any individual incurred losses in excess of $250,000 in the past five (5) consecutive years? |  **YES [ ]**  |  **NO [ ]**  |
| a) If “YES”, please provide details of such losses.       |

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| **Automobile (if applicable)** |
| 1. Have there been any individual incurred losses in excess of $250,000 in the past five (5) consecutive years? |  **NA [ ]**  | **YES** **[ ]**  | **NO** **[ ]**  |

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| **Condominium/Co-Operative/HOA Directors and Officers Liability (if applicable)** |
| 1. Have there been any incurred losses in the last five (5) consecutive years? | **NA [ ]**  | **YES** **[ ]**  | **NO** **[ ]**  |
| a) If “YES”, please If yes, please provide a loss summary or loss runs – (five (5) years – currently valued within six months of the effective date). |

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| **New Purchases / New Construction** |
| If **any** required loss information is not available for the last five (5) consecutive years, please select a reason: |
| New Construction:  | New Purchase:  | Other, please describe:  |

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| **Underlying Coverage Info** (Applies to all locations – if more than one carrier, complete section below for each)Information below to be supported by a hard copy of the underlying carrier’s CGL quote, binder and/or policy. |
| 1. Is there a Self-Insured Retention (SIR) on the CGL policy? | **YES** **[ ]**  | **NO** **[ ]**  | a) If “YES”, SIR Limits $  |
| 2. Is there a Deductible on the CGL policy? | **YES** **[ ]**  | **NO** **[ ]**  | a) If “YES”, Deductible Limits: $  |
| 3. Is the CGL Aggregate Limit Per Location? | **YES** **[ ]**  | **NO** **[ ]**  |  |
| a) If “YES”, is the CGL Aggregate Limit capped in any way? | **YES** **[ ]**  | **NO** **[ ]**  | b) If “YES”, what is the cap limit? $  |
| 4. Is the CGL defense outside of policy limits  | **YES** **[ ]**  | **NO** **[ ]**  |  |
| 5. Does CGL exclude coverage for Lead? | **YES [ ]**  | **NO [ ]**  |  |
| 6. Does CGL exclude coverage for Mold? | **YES [ ]**  | **NO [ ]**  |  |
| 7. Does CGL exclude Third Party (Non-Employment) Discrimination? | **YES [ ]**  | **NO [ ]**  |  |
| 8. Does CGL include coverage for Hired and Non-Owned Auto? | **YES [ ]**  | **NO [ ]**  |  |
| 9. Are all underlying carriers rated A- VI or better by A.M. Best? | **YES [ ]**  | **NO [ ]**  |  |

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| **Location Specific Questions** (must have the following per location to be covered): Attach additional pages if more than two locations OR submit a location schedule on MS Excel Spreadsheet (must include all information below).**Location #:** |
| Name of Property Owner / Association (If different than Applicant):  |
| Location Address:  |
| City:  | State:  | Zip:  |
| **Location Exposures**  |
| # of Rental Apt Units:   | # of Coop/Condo Units:   | # of Hotel Rooms:  |
| Acres of Vacant Land:   | Retail Sq. Ft.:  | Office Sq. Ft.:  |
| Hotel Revenue: $ | Food & Bev ( excl Liquor) Revenue: $ | Liquor Revenue: $ |
| Manufacturing Sq. Ft.  | # of Single Family Homes:  | Warehouse Sq. Ft.:  |

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| **Construction Information** |
| Year Built:  | # of stories: % Occupancy:       |
| **Date of Major Updates:**Electrical:HVAC: Roof:  Elevators: Sprinkler: Fire Alarm: | **Construction Type**:**[ ]** Fire Resistive **[ ]** Modified Fire Resistive **[ ]** Masonry Non-combustible **[ ]** Non-Combustible**[ ]** Joisted Masonry **[ ]** Frame**[ ]** Other:  |
| **Safety Features** |
| Is the location Fully Sprinklered?  **YES [ ]  NO [ ]** Partially Sprinklered?  **YES [ ]  NO [ ]**  | Does the location have a standpipe system?  **YES [ ]  NO [ ]** Does the location have a building-wide fire alarm?  **YES [ ]  NO [ ]** Does the location have manual pull alarms on all floors? **YES [ ]  NO [ ]**  |
| Does the location have hard-wired smoke detectors? **YES [ ]  NO [ ]** Battery operated smoke detectors maintained on a regular schedule?  **YES [ ]  NO [ ]**  | 2 means of egress per floor  **YES [ ]  NO [ ]**  |
| Central Station Fire Alarm System  **YES [ ]  NO [ ]**  | Emergency Lighting  **YES [ ]  NO [ ]**  | Enclosed fire stairwells:  **YES [ ]  NO [ ]**  |

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| **Location #:** |
| Name of Property Owner / Association (If different than Applicant):  |
| Location Address:  |
| City:  | State:  | Zip:  |
| **Location Exposures**  |
| # of Rental Apt Units:   | # of Coop/Condo Units:   | # of Hotel Rooms:  |
| Acres of Vacant Land:   | Retail Sq. Ft.:  | Office Sq. Ft.:  |
| Hotel Revenue: $ | Food & Bev ( excl Liquor) Revenue: $ | Liquor Revenue: $ |
| Manufacturing Sq. Ft.  | # of Single Family Homes:  | Warehouse Sq. Ft.:  |
| **Construction Information** |
| Year Built:  | # of stories: % Occupancy:       |
| **Date of Major Updates:**Electrical:HVAC: Roof:  Elevators: Sprinkler: Fire Alarm: | **Construction Type**:**[ ]** Fire Resistive **[ ]** Modified Fire Resistive **[ ]** Masonry Non-combustible **[ ]** Non-Combustible**[ ]** Joisted Masonry **[ ]** Frame**[ ]** Other:  |
| **Safety Features** |
| Is the location Fully Sprinklered?  **YES [ ]  NO [ ]** Partially Sprinklered?  **YES [ ]  NO [ ]**  | Does the location have a standpipe system?  **YES [ ]  NO [ ]** Does the location have a building-wide fire alarm?  **YES [ ]  NO [ ]** Does the location have manual pull alarms on all floors? **YES [ ]  NO [ ]**  |
| Does the location have hard-wired smoke detectors? **YES [ ]  NO [ ]** Battery operated smoke detectors maintained on a regular schedule?  **YES [ ]  NO [ ]**  | 2 means of egress per floor  **YES [ ]  NO [ ]**  |
| Central Station Fire Alarm System  **YES [ ]  NO [ ]**  | Emergency Lighting  **YES [ ]  NO [ ]**  | Enclosed fire stairwells:  **YES [ ]  NO [ ]**  |

**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.

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED.**

**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 A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.**

**ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY TO WHICH THIS APPLICATION IS SUBMITTED IN CONJUNCTION WITH THIS APPLICATION 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.**

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| This signature page attaches to and forms a part of application dated:  |  |

Applicant/Named Insured:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **Signature of Applicant** |  | **Date** |  | **Signature of Agent/Broker** |  | **Date** |
|  |  |  |  |  |  |  |
| **Print Name** |  | **Title** |  | **Print Name** |  | **Title** |

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS**: 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS**: 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 IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS**: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO NEW YORK APPLICANTS** **(AUTOMOBILE INSURANCE)**: ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

**NOTICE TO OHIO APPLICANTS**: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO OREGON 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 MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS (AUTOMOBILE INSURANCE):** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO $15,000.

**NOTICE TO TENNESSEE, VIRGINIA AND 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.

**NOTicE to vermont applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.