



INNKEEPERS APPLICATION

DATE (MM/DD/YY)

PRODUCER Worldwide Insurance Specialists, Inc 2424 W. Missouri Ave. Phoenix, AZ 85015 1-888-518-8011	APPLICANT'S NAME AND ADDRESS (Include County & Zip) E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">EFFECTIVE DATE (MM/DD/YY)</td> <td style="width: 25%;">EXPIRATION DATE (MM/DD/YY)</td> <td style="width: 50%;">STATUS OF SUBMISSION</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	STATUS OF SUBMISSION			
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CODE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">QUOTE</td> <td style="width: 50%;">ISSUE POLICY</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	QUOTE	ISSUE POLICY				
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Billing Type: Agency Bill Direct Bill **Direct Bill Installments:** 3 5 8

Credit Card Payment: Visa Master Card
 Cardholder's Name: _____
 Amount: \$ _____ Credit Card # _____ Exp. Date: _____

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE	CONTACT (Name/Phone #)	YRS. IN BUSINESS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> OTHER (Describe)		
<input type="checkbox"/> CORPORATION			

Prior Insurance carrier and policy number: _____

Prior Business Information: Have you conducted your business under any other name during the past five years with all or partial ownership? If so, provide your prior business name, the prior insurance carrier name and policy number and any loss information for your prior business.

DO YOU HAVE AN INTERNET WEBSITE? IF SO, PROVIDE WEB ADDRESS: _____

LOSS HISTORY - Enter all claims or occurrences that may give use to claims for prior 3 years

Date of Loss	Type of Loss	Description of Loss, Corrective Measures (if applicable)	Amount Paid	Reserve

DESCRIPTION OF OPERATIONS: _____

NOTICE OF INSURANCE INFORMATION PRACTICES:
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

MINIMUM RETAINED PREMIUM:
 IN THE EVENT OF CANCELLATION OF THIS POLICY, A MINIMUM RETAINED PREMIUM MAY APPLY.

DIRECT BILL:
 IF YOU HAVE SELECTED THE DIRECT BILL OPTION FOR YOUR PREMIUM BILLING, INSTALLMENT SERVICE FEES AND LATE FEES MAY APPLY. IT IS UNDERSTOOD THAT IF YOUR DEPOSIT, WHETHER PARTIAL PAYMENT OR FULL PAYMENT BY CHECK IS RETURNED BY THE BANK DUE TO INSUFFICIENT FUNDS, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

APPLICABLE IN NEW YORK STATE:
 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.

NY REGULATION 52-A DISCLOSURE:
 NOVA AMERICAN GROUP, INC., DBA BROKERS' MARKETPLACE, THE PARENT OF NOVA CASUALTY COMPANY, ALSO ACTS AS ITS SERVICING AGENT. THE INSURED DOES NOT RECEIVE ANY SPECIAL BENEFITS OR ADVANTAGES BECAUSE OF THIS RELATIONSHIP.

TERRORISM COVERAGE: I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT I MAY ACCEPT OR REJECT THIS OFFER OF COVERAGE. IF COVERAGE IS ACCEPTED, I UNDERSTAND COVERED LOSSES CAUSED BY A CERTIFIED ACT OF TERRORISM UNDER MY POLICY WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE. IF COVERAGE IS REJECTED, I UNDERSTAND THAT AN EXCLUSION OF CERTIFIED TERRORISM LOSSES WILL BE MADE PART OF THIS POLICY. IN SOME STATES, THIS EXCLUSION DOES NOT APPLY TO FIRE LOSSES RESULTING FROM ACTS OF TERRORISM. IF THIS EXCEPTION APPLIES TO MY POLICY, I HAVE BEEN NOTIFIED OF THE PREMIUM ATTRIBUTABLE TO SUCH FIRE COVERAGE.

APPLICANT'S SIGNATURE	TIME	DATE	PRODUCER'S SIGNATURE	TIME	DATE
	<input type="checkbox"/> AM <input type="checkbox"/> PM			<input type="checkbox"/> AM <input type="checkbox"/> PM	

Standard Form (Excluding Theft) Special Form (Excluding Theft) Special Form (With Limited Theft) Special Form (Including Theft)

Location Address:

Occupancy: <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Inn <input type="checkbox"/> Inn with Restaurant	Protection: <input type="checkbox"/> Protected <input type="checkbox"/> Partially Protected <input type="checkbox"/> Unprotected <input type="checkbox"/> Sprinklered	Protection Class: Fire District:	Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Masonry Non Combustible	Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> Other: _____
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Classification:	Class Code:	Terr. Code:
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Premises occupied by: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lessee	No. of Stories:	Year Built:
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Bldg. Area: _____ Sq. Ft.	Area Occupied by Insured: _____ Sq. Ft.	Adjacent Exposures:
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Other Occupancies:

A. BUILDING COVERAGE	LIABILITY COVERAGE
Amount of Insurance \$ _____ <input type="checkbox"/> Replacement Cost <input type="checkbox"/> ACV <input type="checkbox"/> Fair Market Value	Premises Liability: <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$2,000,000
B. PERSONAL PROPERTY COVERAGE Amount of Insurance \$ _____ <input type="checkbox"/> Replacement Cost <input type="checkbox"/> ACV	Medical Payments: (\$5,000 included) Fire Legal Liability: (\$100,000 included) <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> Other _____
C. BUSINESS INCOME <input type="checkbox"/> Limited - 20% of Cov. A plus 100% of Cov. B <input type="checkbox"/> Actual Loss Sustained - 12 months	Products/Completed Work is included at limits equal to the Premises Occurrence Limit.
Terrorism Coverage <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	

OPTIONAL COVERAGES: (* Complete Required Crime Underwriting Info Section)

<input type="checkbox"/> Enrichment Endorsement - Innkeeper <input type="checkbox"/> Money and Securities (\$2,500 Included) Add'l Limit \$ _____ on Premises/\$ _____ off Premises <input type="checkbox"/> Valuable Papers and Records (\$5,000 Incl.) Add'l Limit \$ _____ <input type="checkbox"/> Accounts Receivable (\$5,000 Incl.) Add'l Limit \$ _____ <input type="checkbox"/> Employee Dishonesty # of Employees _____ Limit \$ _____	<input type="checkbox"/> Outdoor Signs (\$2,500 Incl.) Add'l Limit \$ _____ <input type="checkbox"/> Glass (Attach Schedule) <input type="checkbox"/> Interior _____ sq. ft. <input type="checkbox"/> Exterior 2nd floor & below _____ sq. ft. <input type="checkbox"/> Exterior above 2nd floor _____ sq. ft. <input type="checkbox"/> Personal Property of others (\$2,500 Incl.) Add'l Limit \$ _____ <input type="checkbox"/> Liquor Liability (complete Liquor Liability Section)
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Hired Auto: Cost of Hire \$ _____ Limit \$ _____ Any Delivery? Yes No
 Non-Owned Auto: Limit \$ _____ # of employees using vehicles in Company Business _____
 Does insured verify employee has insurance? Yes No

Provide the following for each employee using vehicles for company business:

Name	Date of Birth	Driver's Lic#	Vehicle Use

(Attach separate sheet if additional space is required.)
 Other:

MORTGAGE HOLDER (name and address)	Additional Insured (name and address)
Interest: _____	

REQUIRED UNDERWRITING INFORMATION

Years in business: _____ Years at present location: _____ Annual gross receipts: _____

Alcoholic beverage receipts: _____

If building coverage applies please supply the following:

Purchase date: _____ Purchase price: _____ Approx. cost of improvements: _____

For buildings over 25 years old, explain any major renovations in wiring, plumbing, and roof. Supply date of renovations: _____

Does the applicant own or operate any other business or property? _____ If yes, explain: _____

Does applicant have a minimum of three years successful hotel/motel management experience? Yes No If no, explain _____

<p>1. Hotel/Motel, Inn, Tourist Homes - # of units? _____</p> <p style="padding-left: 40px;">Average room rent? _____</p> <p style="padding-left: 40px;">Occupancy rate? _____</p> <p style="padding-left: 40px;">converted structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Does each unit have fire/smoke alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Are common areas also equipped with fire/smoke alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Swimming Pool <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes, any slides? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Diving boards? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="padding-left: 40px;">Depth marks? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Life Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Is pool fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Self closing gate(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If Bed and Breakfast Inn</p> <p style="padding-left: 40px;">Cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Cooking guest only? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Restaurant open to public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If Inn with Restaurant</p> <p style="padding-left: 40px;">Are alcoholic beverages sold? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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REQUIRED CRIME UNDERWRITING INFORMATION

1. Maximum amount of money on premises during business hours: _____ when closed: _____

2. Is money, securities, valuable papers and records kept in a safe or vault? Yes No What type: _____

3. Is there an audit by? CPA Public Accountant Staff Other: _____

4. Audit frequency: annually semi-annually quarterly

5. Are all officers and employees required to take an annual vacation at least five consecutive business days? Yes No

6. **Is there a burglar alarm?** Yes No

Type: Hold up Premises Safe UL Cert. # and Exp Date: _____

Description: Local Central Station Other: _____

7. Are accounts receivable records duplicated? Yes No Where are the duplicates kept? _____

8. Are exit doors equipped with double cylinder deadlocks? Yes No Are the windows barred? Yes No

9. Are storage areas fenced and locked? Yes No Is there adequate lighting in storage area? Yes No

10. Is there a fire alarm? Yes No Type: Local Central Station Other: _____

REQUIRED LOSS CONTROL INFORMATION - ADDITIONAL UNDERWRITING INFORMATION

Provide the following for food service establishments only.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does automatic extinguishing system cover all cooking surfaces, including grills, broilers, hood and exhaust duct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there an automatic fuel shutoff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is service contract present for semi-annual inspections and maintenance of the automatic extinguishing system?
Date of Last Service: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is interior of hoods and ducts cleaned by an outside professional firm on a minimum semi-annual basis?
Date of Last Service: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are filters cleaned or changed a minimum of once a week? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are fire extinguisher(s) readily accessible and inspected regularly?
Date of Last Inspection: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are trash and dirty linens disposed of in proper containers with self-closing lids? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a set closing procedure for cooking equipment shutdown, trash and ashtray remains disposal and nightly deposits? | <input type="checkbox"/> | <input type="checkbox"/> |

Liquor Liability Underwriting Information

- Limit of liability: \$100,000/\$100,000
 \$100,000/\$200,000
 \$300,000/\$300,000
 \$300,000/\$600,000
 \$500,000/\$500,000
 \$500,000/\$1,000,000
 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000

Type of license: _____

License #: _____

Alcoholic beverage receipts: _____

Any prior liquor law violations: Yes No
 (explain below)

Any prior liquor liability claims: Yes No
 If YES, Refer to Company for approval (explain below)

Provide the following for all submissions. Please explain any "NO" answers to questions 1-5, and any "YES" answers to questions 6-24 in the "COMMENT" section below.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are exits marked with illuminated exit signs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do doors open outward? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do exit doors have panic hardware? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are snow removal services contracted? | <input type="checkbox"/> | <input type="checkbox"/> |

Provide the following for all submissions. Please explain any "YES" answers to questions 6-25 in the "COMMENT" section below.

- | | | |
|---|----------------------------|--------------------------|
| 6. Are there any products under own label? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any foreign products sold? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the applicant a subsidiary entity or does the applicant have any subsidiaries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any exposure to flammable, explosives chemicals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any boats, docks, floats owned, hired or leased? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is this a seasonal operation? (Does business close down during certain periods during the year?) | <input type="checkbox"/> * | <input type="checkbox"/> |
| 12. Is playground equipment located on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there more than three coin operated video/arcade type games located on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is the risk located in a converted structure? (Converted structure is a building not originally constructed for the occupancy) | <input type="checkbox"/> * | <input type="checkbox"/> |
| 15. Is any portion of the building vacant, unoccupied or seasonal? | <input type="checkbox"/> * | <input type="checkbox"/> |
| 16. Any athletic/sporting events on or off premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Any sponsored events? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are there any overdue mortgage payments, tax liens or business taxes? | <input type="checkbox"/> * | <input type="checkbox"/> |
| 19. Are there any current violations of fire, safety, health, building or construction codes? | <input type="checkbox"/> * | <input type="checkbox"/> |
| 20. Has the insured or any other entity in which the insured is or was an officer, owner, or major stockholder ever filed for protection under the bankruptcy laws? | <input type="checkbox"/> * | <input type="checkbox"/> |
| 21. Is there any other insurance inforce or to be secured on this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Any policy or coverage declined, canceled or non-renewed during past 3 years? | <input type="checkbox"/> * | <input type="checkbox"/> |
| 23. Is there valet parking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Recreation facilities provided? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: * If YES Answer, Refer to Company for approval