

# UMBRELLA APPLICATION

## Hospitality

Producer ID \_\_\_\_\_  
 User Name \_\_\_\_\_  
 User Phone # \_\_\_\_\_  
 User e-mail Address \_\_\_\_\_

**1. General Information**

- a. Lead Named Insured \_\_\_\_\_
- b. Address (line 1) \_\_\_\_\_  
 Address (line 2) \_\_\_\_\_  
 City, State, ZIP code \_\_\_\_\_
- c. Employer Identification Number \_\_\_\_\_
- d. Proposed Effective Date \_\_\_\_\_
- e. List Other Named Insureds \_\_\_\_\_
- f. Insured ID \_\_\_\_\_
- g. Submission ID \_\_\_\_\_
- h. SIC Code \_\_\_\_\_
- i. NAIC Code \_\_\_\_\_

**2. Business Operations**

- a. Number of years of management experience: \_\_\_\_\_
- b. Describe operations performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Schedule of Locations and Operations**

Number of Locations: \_\_\_\_\_

Address	City	State	ZIP	Operation Type	Area (sq. ft)
1)					
2)					
3)					
4)					
5)					
6)					
7)					

Additional locations should be listed on an additional sheet of paper and attached to this application

4. Does any insured have any other business interests, operations or locations not listed on this application?  Yes  No

If Yes:

Entity	Business Type	Location
1)		
2)		
3)		
4)		
5)		

Additional business interests, operations or locations should be listed in the comments section of this application

5. Automobile Exposures

a. Number of PPT's: \_\_\_\_\_ o None

b. Commercial Vehicles

	Vehicles/Driving Radius		
	0 – 50	50 – 100	100+
Light Commercial			
Medium Commercial			
Heavy Commercial, excluding truck tractors			
Truck Tractors			

Total Commercial: \_\_\_\_\_

Total Vehicle Count: \_\_\_\_\_

c. Does the insured have vehicles registered in or employees located in any of the following states?

	Number of Vehicles			Employees
	PPT/Light/Medium	Heavy truck & tractor	Extra heavy truck & tractor	
Florida				
Indiana				
Louisiana				
New Hampshire				
South Dakota				

d. Has any driver of company vehicles had a DWI or DUI conviction in the past five- (5) years?  Yes  No

e. How many drivers of company vehicles have had their licenses suspended or revoked in the past five- (5) years? \_\_\_\_\_ o None

Name	License #	State	Violation History Detail
1)			
2)			
3)			

Additional drivers with suspensions or revocations in the last 5 years should be listed in the comments section of this application

f. Does the insured provide courtesy transportation to guests?  Yes  No

**If Yes:**

1) Number of vehicles	_____
2) Number of delivery personnel	_____
3) Number of passengers	_____

g. Are there parking facilities with attendants and/or for a fee?  Yes  No

**If Yes:**

Is parking subcontracted to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1) Is there a contract indemnifying the insured and requiring insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Are certificates of insurance secured from the operator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. Does the insured have any of the following exposures:**

a. Swimming facilities?  Yes  No

**If Yes:**

1) Maximum number of children's pools at any one location		
2) Maximum number of adult pools at any one location		
3) Is there a lake?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Is there access to an ocean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b. Marina?  Yes  No

**If Yes:**

1) Number of berths	_____
2) Are boats rented to guests by the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Describe exposure_____	_____
	_____

c. Security personnel at any location?  Yes  No

**If Yes:**

1) Which location numbers?	_____
2) Number of employed security personnel	_____
3) Are employed security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Number of contracted security personnel	_____
5) Are contracted security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are there contracts with security services indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are certificates of insurance obtained in accordance with the contract provisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are there guard dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**7. Underlying Insurance Information**

a. Schedule of Underlying

General Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per occurrence  
\$ \_\_\_\_\_ personal/ advertising injury  
\$ \_\_\_\_\_ general aggregate  
\$ \_\_\_\_\_ products/ completed operations aggregate  
Annual Premium \$ \_\_\_\_\_

Automobile Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ Combined Single Limit  
Annual Premium \$ \_\_\_\_\_

D&O – Condo/Co-op Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Employee Benefits Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_  
Annual Premium \$ \_\_\_\_\_

Employers Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ each accident  
\$ \_\_\_\_\_ disease policy limit  
\$ \_\_\_\_\_ disease per employee  
Annual Premium \$ \_\_\_\_\_

Lead Paint Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Liquor Law Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Pesticide/Herbicide Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Professional Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

Other Liability

Insurer \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Period: from \_\_\_\_\_ to \_\_\_\_\_  
Limits \$ \_\_\_\_\_ per \_\_\_\_\_  
\$ \_\_\_\_\_ aggregate  
Annual Premium \$ \_\_\_\_\_

b. Are there any 3<sup>rd</sup> party liability policies other than those listed above?  Yes  No

- c. Do any of the underlying policies exclude punitive damages?  Yes  No
- d. Do any of the underlying policies have any modifications that add coverage or manuscript amendments to existing policy language?  Yes  No

**If Yes:**

1) What coverage has been added? _____
2) What modifications have been made to standard policy language? _____ _____

- e. Does the general aggregate limit apply per location/project?  Yes  No

**If Yes:**

1) Number of insured locations	_____
2) Maximum number of off-premises jobs at any one time	_____
3) Anticipated number of off-premises jobs in the next 12 months	

**8. Loss Information**

- Are there any individual or policy-year aggregate losses, paid or reserved, for amounts greater than \$100,000 during the last five-(5) full years for all lines other than property?  Yes  No

**If Yes:**

Date of Loss	Paid	Reserved	Type of Loss	Comments
1)				
2)				

Additional business interests, operations or locations should be listed in the comments section of this application

**9. Expiring Umbrella Information**

- Did the applicant carry any umbrella or excess liability coverage during the past policy year?  Yes  No

**If Yes:**

1) Insurer	_____
2) Limits	\$ _____
3) Premium	\$ _____

# IRF Hospitality Group:

## 1. Property Exposures –

A	B	C	D	E	F	G	H	I	J	K	L	M
Master Loc. #	Property Type	# Bldgs.	# Stories	Construction Type	Bldg. Age	Sprinklers	Smoke Alarms		Fire Detection (central station)	# Rooms	Annual Revenue	Cooking Facilities
							Halls	Rooms				

Property Types: B (bed & breakfast); H (hotel); M (motel); R (rooming/boardings); S (seasonal)

Construction Types: F (frame & brick veneer); B (brick and brick joisted); NC (masonry noncombustible); FR (fire resistive)

## 2. Cooking Exposures

A	B	C	D	E
Master Loc. #	Dry Chemical (ANSUL) System in Kitchen?	Flue/Duct Cleaning Service Used?	How Often?	Automatic fuel shut off

## 3. Risk Control

- a. Do all locations over one story have at least two means of egress from each floor other than an elevator?  Yes  No
- b. Do all locations have emergency lighting?  Yes  No
- c. Are all interior stairwells completely enclosed with noncombustible material and have at least a Class B fire door?  Yes  No

## 4. Tenant Leases

Do any locations have commercial tenants?  Yes  No

### If Yes:

a. Do all tenant leases contain hold harmless agreements and indemnify the insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are certificates of insurance obtained in accordance to the terms of the lease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 5. Revenue Information

a. Total Annual Revenue \$ \_\_\_\_\_

b. Revenue Sources:

Rooms \_\_\_\_\_%

Restaurants & Banquets \_\_\_\_\_%

Alcoholic Beverages \_\_\_\_\_%

Other \_\_\_\_\_%

Explain "Other" revenue source \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do any locations contain a disco, night club or comedy club?  Yes  No

7. Is live entertainment offered at any location?  Yes  No

Describe entertainment offered: \_\_\_\_\_  
\_\_\_\_\_

**8. Does the insured have any of the following exposures?**

- a. Playground?  Yes  No
- b. Mechanical amusement devices?  Yes  No
- c. Watersports involving equipment?  Yes  No
- d. Skiing?  Yes  No
- e. Horseback riding?  Yes  No
- f. Casino?  Yes  No
- g. Health club or spa?  Yes  No
- h. Other sporting activities?  Yes  No
- i. Miscellaneous professional liability?  Yes  No

Explain all "Yes" responses: \_\_\_\_\_  
\_\_\_\_\_

**9. Is childcare available at any location?**  Yes  No

**10. Major Vendors (cleaning, security, elevators)?**

- a. Are there contracts with all major vendors indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000?  Yes  No
- b. Are certificates of insurance obtained in accordance with the contract provisions?  Yes  No

**11. Are there concessionaires?**  Yes  No

**If Yes:**

- a. Are there contracts with all concessionaires indemnifying the insured and requiring liability insurance with limits of at least \$1,000,000?  Yes  No
- b. Are certificates of insurance obtained in accordance with the contract provisions?  Yes  No

***Any and all information provided in connection with this application is warranted to be true, complete and contain no material misrepresentation of any kind that might reasonably be anticipated to affect the decision of whether or not to accept this applicant.***

**Correct**  **Incorrect**

Comments: (if additional space is needed, please continue on a separate page)