

ATTACH ADDITIONAL SHEETS AS NECESSARY. ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

GENERAL INFORMATION

Name of Applicant: _____

Location Address:
 Street: _____
 City: _____ State: _____ Zip: _____

Applicant's website: _____ Proposed Effective Date: _____

Applicant's Phone Number: _____ Applicant's Email Address: _____

BUSINESS INFORMATION

1. Years in business: _____ Years of experience in this industry: _____

2. Any prior bankruptcies or liquidations? Yes No
 If yes, please describe: _____

3. Who is responsible for day to day operations? _____ For how long? _____

4. Are employees screened? Yes No
 References Yes No Prior jobs Yes No
 Credit Check Yes No Criminal Check Yes No

5. Clientele (percentages): Elderly: _____% Spring Break Crowd _____% Resident Housing: _____%

6. Room Registration (percentages): Monthly _____% Weekly _____% Daily _____% Hourly _____%

PREMISES INFORMATION

1. Number of rooms: _____ Occupancy rate: _____

2. Average room rate: _____ Hour/Day/Week/Month: _____

3. Number of buildings at this location: _____ Minimum distance between buildings: _____

4. When were updates for: Electricity: _____ Partial Complete
 Plumbing: _____ Partial Complete
 Roofing: _____ Partial Complete
 HVAC: _____ Partial Complete

5. Is there a regular maintenance schedule of HVAC system including cleaning? Yes No

6. Are buildings sprinklered? Yes No Percentage: _____%

7. Are their smoke detectors? Yes No Hard wired Battery operated

8. Are there fire alarms? Yes No Central station Local Pull alarms

9. Is there aluminum wiring on premises? Yes No Describe: _____
 Is the aluminum wiring repaired? Yes No Describe: _____

10. Clearly marked fire exits? Yes No Secondary means of egress for each floor? Yes No

- | | | | | | |
|--|-----|----|--|-----|----|
| 11. Emergency lighting in common areas? | Yes | No | | | |
| 12. Dead bolt locks on doors to units? | Yes | No | Are the locks re-keyed after occupancy? | Yes | No |
| 13. Are there elevators? | Yes | No | Is there an agreement with elevator company? | Yes | No |
| 14. Is there a parking lot located on premises? | Yes | No | | | |
| Is the parking lot owned, operated & maintained by applicant? | | | Yes | No | |
| What is the size of the parking lot? _____ | | | | | |
| 15. Is there a valet parking service? | | | Yes | No | |
| Is the valet parking provided by an independent service company? | | | Yes | No | |
| Is the valet service required to maintain indemnity insurance? | | | Yes | No | |

POOLS: Check here if no pools

- | | | | | | |
|---|-----|----|---------------------------------|-----|----|
| 1. How many swimming pools? _____ | | | | | |
| 2. Are there any hot tubs? | Yes | No | Is there an automatic shut-off? | Yes | No |
| 3. Do pools have self-latching doors or gates? | Yes | No | | | |
| 4. Are there any diving boards or slides? | Yes | No | Describe: _____ | | |
| 5. Are there life guards on duty? | Yes | No | Subcontracted? | Yes | No |
| 6. Is there rescue equipment such as a ring buoy, shepherds hook or pole? | | | Yes | No | |
| 7. Are pool depths adequately marked? | Yes | No | | | |
| 8. Are pool chemicals properly stored? | Yes | No | | | |

RECREATIONAL FACILITIES: Check here if no Recreational Facilities

- | | | | | | |
|--|-----|----|-----------------|-----|-----------------|
| 1. Is there a playground? | Yes | No | Is it fenced? | Yes | No |
| 2. Are there any lakes, ponds or boat slips? | Yes | No | Describe: _____ | | |
| 3. Are there any exercise facilities? | Yes | No | Describe: _____ | | |
| 4. Are there any daycare services? | Yes | No | Describe: _____ | | |
| 5. Are there any tennis, basketball or racquetball courts? | | | Yes | No | Describe: _____ |
| 6. Are there any saunas? | Yes | No | Describe: _____ | | |
| 7. Are there any recreational equipment rentals/checkouts? | | | Yes | No | Describe: _____ |

RESTAURANT/COOKING EXPOSURE: Check here if no Cooking Exposure

- | | | | | | |
|--|-----|----|----------------------------------|-----|----|
| 1. Are there cooking facilities/kitchens in the rooms? | | | Yes | No | |
| 2. Any subcontracted cooking facilities? | Yes | No | Is indemnity insurance required? | Yes | No |
| 3. Type of cooking: | | | | | |
| a. Deep fat fryers? | | | Yes | No | |
| b. Grill / BBQ pit? | | | Yes | No | |
| c. Griddles? | | | Yes | No | |

4. Does establishment serve any raw seafood? Yes No Describe: _____
5. Are there banquet facilities? Yes No Square footage: _____ Max occupancy: _____
6. Any off-premises catering? Yes No Describe: _____
7. Is there an automatic suppression system over all cooking surfaces? Yes No
 Is there an automatic shut-off? Yes No
8. Is there an independent cleaning contract for hoods & ducts? Yes No
 How often is the system cleaned? _____
9. Have there been any Health Department violations? Yes No
 Describe: _____

LIQUOR LIABILITY: Check here if no liquor is sold or furnished

1. Have you ever had your liquor license revoked or suspended? Yes No
 Describe: _____
2. Have you hever had any prior liquor citations or law violations? Yes No
 Describe: _____
3. In the last 5 years, have you had any liquor or dram liability claims? Yes No
 Describe: _____
4. Do all servers receive formal Alcohol Awareness training? Yes No
 Describe: _____
5. Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No
 Describe: _____
6. Do you have any package sales? Yes No
 Describe: _____
7. Do you have any drive-thru facilities? Yes No
 Describe: _____
8. Do you admit anyone under 21? Yes No
 Describe: _____
9. Age of clientele (percentages): Under 21 _____ 21-30 _____ 31-40 _____ Over 40 _____
10. Are patrons allowed to bring in their own alcoholic beverages? Yes No
11. Are you open later than other establishments in the area? Yes No
12. Do you provide cab service or have a designated driver program? Yes No
13. Is there any off-premises liquor catering? Yes No

BAR/LOUNGE: Check here if no bar/lounge

1. Hours of operation: Mon-Thurs: _____ Friday: _____ Saturday: _____ Sunday: _____
2. Is there a dance floor? Yes No Sq.ft: _____
3. Are there any mechanical devices? Yes No Describe: _____

- | | | | |
|---|-----|----|-----------------|
| 4. Are there any gambling devices or tables? | Yes | No | Describe: _____ |
| 5. Are there any pool or billiards tables? | Yes | No | Describe: _____ |
| 6. Are there any athletic events? | Yes | No | Describe: _____ |
| 7. Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)? | Yes | No | Describe: _____ |
| 8. Are there any special activities such as mud wrestling, bungee jumping, Velcro suites or mosh pits? | Yes | No | Describe: _____ |
| 9. Other special or promotional activities? | Yes | No | Describe: _____ |

| |
|---|
| LIVE ENTERTAINMENT: Check here if no LIVE Entertainment |
|---|

- | | | | |
|--|-----|----|-----------------------------|
| 1. Is there a DJ or karaoke? | Yes | No | Describe: _____ |
| 2. Is there any topless or Go-Go dancing? | Yes | No | Describe: _____ |
| 3. Are there any comedians or stand-up entertainers? | Yes | No | Describe: _____ |
| 4. Are there any live performers? | | | |
| a. Country? | Yes | No | # of nights per week: _____ |
| b. Piano/Solo Acts? | Yes | No | # of nights per week: _____ |
| c. Rock/Disco? | Yes | No | # of nights per week: _____ |
| d. Other? _____ | Yes | No | # of nights per week: _____ |
| 5. Are there any national known performers? | Yes | No | Describe: _____ |
| 6. Are there any promoters? | Yes | No | Describe: _____ |
| 7. Any special effects: | | | |
| a. Lighting/Sound? | Yes | No | |
| b. Smoke? | Yes | No | |
| c. Pyrotechnics? | Yes | No | |
| 8. Other live entertainment? | Yes | No | Describe: _____ |

| |
|---|
| SECURITY: Check here if no Security |
|---|

- | | | | | | |
|---|-----|----|-----------------|-----|----|
| 1. Are there any employee bouncers? | Yes | No | Are they armed? | Yes | No |
| 2. Are there any security guards? | Yes | No | Are they armed? | Yes | No |
| 3. Are there any third-party bouncers or security guards? | Yes | No | Are they armed? | Yes | No |
| 4. Are there any off-duty uniformed policemen? | Yes | No | Are they armed? | Yes | No |
| 5. Are there any ID checkers? | Yes | No | Describe: _____ | | |
| 6. Are there any weapons on premises? | Yes | No | Describe: _____ | | |

GROSS RECEIPTS

| Hotel Operations | | Bar/Lounge | | Restaurant | |
|------------------|----|------------|----|------------|----|
| Sales/Receipts | \$ | Food | \$ | Food | \$ |
| Rentals | \$ | Liquor | \$ | Liquor | \$ |
| Other | \$ | Catering | \$ | Catering | \$ |
| Total | \$ | Total | \$ | Total | \$ |

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: 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 Agencies.

Applicable in Florida and Oklahoma: 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 FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Kentucky: 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.

Applicable in Maine, Tennessee, Virginia and Washington: 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.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will

have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

| | | |
|---|--|--------------|
| Name of Applicant: | | |
| Signature of person authorized to execute on behalf of the applicant: | | Date: |
| Print Name and Title of person authorized to execute on behalf of the applicant: | | |
| Name and address of Broker: | | |

A copy of this application should be retained for your records.

California residents: Please see our [CCPA Notice of Collection of Personal Information](https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy) available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>