



HOTEL APPLICATION

(One Application Must Be Completed for Each Location)

(Please complete only those sections which apply to your business)

In order to obtain a quote, it is mandatory that all questions which pertain to the insured's business be answered and that loss runs be included with your application. Submissions without this completed form and other necessary applications will not be quoted or reserved.

Applicant:

Effective Date:

Address:

Expiration Date:

SECTION I - GENERAL INFORMATION

- | | | |
|---|-----|--------------------------|
| <p>1. Is any building under renovation?
If yes, please explain the type of renovations being done, the value of the renovations and when the renovations will be completed.</p> | Yes | No |
| <p>2. Is hotel part of a franchise operation?</p> | Yes | No |
| <p>3. How many guest rooms are in the hotel?</p> | | |
| <p>4. Average room rate: \$</p> | | |
| <p>5. Average occupancy: %</p> | | |
| <p>6. Room receipts only: \$</p> | | Liquor receipts only: \$ |
| <p>7. All other receipts excluding Room and Liquor: \$
Please explain nature of all other receipts?</p> | | |
| <p>8. Is there a manager on premises/ duty 24 hours daily?</p> | Yes | No |
| <p>9. Is property owner-operated?
If no, explain:</p> | Yes | No |
| <p>10. Please describe all amenities provided by the hotel:</p> | | |
| <p>11. Does the Applicant sublease any space to others?
If yes, please explain the nature of the operations of the parties to whom space is leased:</p> | Yes | No |
| <p>12. If the Applicant has a restaurant, is the restaurant operated by the applicant?
If no, does the subcontractor provide certificates of insurance with at least \$1,000,000 liability limits and does the subcontractor name the hotel as an additional insured on their policy?</p> | Yes | No |

- | | | | |
|-----|---|-----|----|
| 13. | Has the restaurant ever been cited for any health code violations?
If yes, please explain: | Yes | No |
| 14. | Is smoking allowed anywhere on premises?
If yes, please explain where smoking is allowed: | Yes | No |
| 15. | Is the Applicant in good financial standing? | Yes | No |
| 16. | Does the Applicant have any other business Interests?
If yes, please explain: | Yes | No |
| 17. | Does the Applicant maintain parking areas?
If no, who does? | Yes | No |
| 18. | Is there any sponsorship of any sports, special events
etc.?If yes, please explain: | Yes | No |
| 19. | Does the Applicant cater liquor at banquets held on applicant's premises?
If yes, please explain: | Yes | No |
| 20. | Does the Applicant cater liquor at convention/ trade shows held on applicant's premises?
If yes, please explain: | Yes | No |

SECTION II - FIRE SAFETY

(MUST be completed for each building)

Address:

- | | | | |
|-----|--|----------------------------------|------------|
| 1. | Manual fire alarm? | Yes | No |
| 2. | Central Station? | Yes | No |
| 3. | Is building 100% Sprinklered? | Yes | No |
| 4. | Does Applicant have Omega Sprinkler heads? | Yes | No |
| 5. | Are there smoke detectors? | Yes | No |
| | If yes, are they: Hard Wired Battery Operated | | |
| | If no, are inspection/ battery test logs maintained and updated monthly? | Yes | No |
| 6. | Is there emergency lighting? | Yes | No |
| 7. | Do the individual hotel room doors open directly to the outdoors? | Yes | No |
| 8. | Is there outside egress available on all floors? | Yes | No |
| 9. | Number of exits per floor? | | |
| 10. | Does Applicant have a written evacuation plan? | Yes | No |
| 11. | Does Applicant have a sauna? Yes No | | |
| | | If yes, is it fully Sprinklered? | Yes No |

- b. The slope of the water slide:
 - c. The length of the water slide:
 - d. Is the step tower area enclosed? Yes No
 - e. The depth of the water where the slide rider drops into the water:
 - f. **Provide a picture of the slide.**
2. The name of the Company that constructed the slide:
3. Is the maintenance conducted by an outside professional with proof of liability insurance? Yes No
4. What is the inspection schedule?
5. a. Maximum number of persons allowed on the water slide at one time?
 b. The ratio of swimmers to lifeguards:
 c. Are lifeguards trained in the operations and rules of the water slide usage? Yes No
6. Are swimmers required to sign a water slide waiver form? Yes No
7. How is the water slide secured so that no unauthorized use occurs?
8. Does Applicant post rules on use of the water slide for all swimmers to review? Yes No
9. Does Applicant keep a log of daily inspection of the water slide? Yes No
10. How is the water slide kept restricted when not in use?

SECTION VI – BANQUET FACILITIES/ CATERING

- 1. Does the Applicant provide catering services on premises? Yes No
- 2. Does the Applicant cater liquor? Yes No
- 3. Annual number of banquets held at applicant’s premises:

SECTION VII – CONVENTION/ TRADE SHOW

- 1. Does Applicant provide convention/ trade shows? Yes No
- 2. Does Applicant serve liquor at these events? Yes No
- 3. Annual number of conventions and trade shows held at applicant’s premises?

SECTION VIII– LIQUOR LIABILITY

Limits Desired: \$500,000 Aggregate \$500,000 Each Common Cause
 \$1,000,000 Aggregate \$1,000,000 Each Common Cause

- 1. Description of Operations:
 - 2. Name on Liquor License: License Number:
 - 3. List full name of individuals or partners and their interests:
4. Within the past 5 years, has the insured reported any Liquor Liability claims? Yes No
 If yes, please explain:
5. Within the past 5 years, has the insured been cited by the Liquor Control Commission or for violation of beverage laws? Yes No
 If yes, please explain:

6. Within the past 5 years, has the Applicant had any insurance carrier cancel, non-renew or refuse coverage?
If yes, please explain: Yes No

7. Please include currently-valued, company-produced loss runs for current year and 3 prior years:

Carrier	Policy Term	Annual Premium
	Current Policy:	\$
	First Prior Year:	\$
	Second Prior Year:	\$
	Third Prior Year:	\$

8. Does Applicant engage in any off-premises operations?
If yes, please explain: Yes No

9. Are there any liquor sales for off-premises consumption?
If yes, please explain: Yes No

10. Is there a cover charge?
If yes, please explain: Yes No

11. Are bouncers or security personnel employed?
If yes, please explain: Yes No

12. Describe any formal alcoholic training programs in use, including the name of the program (i.e. TIPS, TAM):

13. Are beer/ liquor distributors allowed to sponsor events on site?
If yes, please explain: Yes No

14. Are there written procedures for handling intoxicated patrons? Yes No

15. Any live or recorded entertainment? Yes No

16. Are there any Happy Hours, Ladies Nights etc held at the insured's premises?
If yes, please explain: Yes No

SECTION IX - SPA PROFESSIONAL LIABILITY

1. Please check the professional services that Applicant performs and for which Applicant desires coverage under the policy.

NOTE: Any professional service for which Applicant do not provide such information will not be covered under the policy.

NOTE: Checking any professional service does not obligate us to insure it.

Services	Revenue
Massage	\$
Facials	\$
Microdermabrasion	\$
Body Wraps	\$
Hydrotherapy	\$
Aromatherapy	\$
Waxing	\$
Exercise/ Workout	\$
Manicure/ Pedicure	\$
Beautician Service/ Hair	\$
Sale of Products	\$
Tanning	\$
Other:	\$
TOTAL:	\$

If you provide any of the following services, you are not eligible for this program:

- o Acupuncture
- o Permanent Make-up
- o Chiropractic
- o Tattooing
- o Laser Hair Removal
- o Bo-Tox or injections of any kind

2. Does the Applicant own or manage the spa? Own Manage
3. If the spa is run by a subcontractor, is Applicant named as additional insured on policy? N/A Yes No
4. Provide the number for each: Employees: (part-time is less than 10 hrs/ week) and Independent Contractors. Do not include the owner.

	Employees		Independent Contractors	
	Full-time	Part-time	Full-time	Part-time
Barbers				
Beauticians				
Body Piercing				
Body Wrap Technicians				
Electrologist				
Estheticians				
Fitness Instructor				
Hairdresser				
Massage Therapists				
Micropigmentation				
Nail Technicians				
Nutritionist				
Personal Trainers				
Pilates Instructor				
Student (Esthetician or Electrologist)				
Tattoo				
Yoga Instructors				
All Other Technicians				
TOTAL PROVIDING SERVICE:				

- | | | |
|---|-----|----|
| 5. Are all Technicians licensed if required by law? | Yes | No |
| 6. Please provide the number of the following:
Tanning Beds/ Booths: Hydrotherapy Tables/ Tubs: Exercise Equipment: | | |
| 7. Does Applicant's equipment comply with and is Applicant aware of all requirements of Federal and State regulatory agencies? | Yes | No |
| 8. Do independent contractors or booth renters conduct operations on the Applicant's premises? | Yes | No |
| 9. Are the work areas where acrylics are used well ventilated? | Yes | No |
| 10. Are all employees instructed in first aid to potential eye contamination by chemicals? | Yes | No |
| 11. Are all body contact supplies sanitized after each use? | Yes | No |
| 12. Are toxic chemicals stored away from the access of customers? | Yes | No |
| 13. Does Applicant's client operate any exercise equipment? | Yes | No |
| If yes, are they instructed and monitored? | Yes | No |
| 14. Does Applicant manufacture or repackage any product? | Yes | No |
| 15. Is any product manufactured and distributed under Applicant's private label? | Yes | No |
| If yes, please describe the product and attach proof of manufacturer coverage: | | |
| | | |
| 16. Does Applicant use and save as a permanent record, a hazard disclosure and personal injury disclaimer or waiver for each customer for all services performed? | Yes | No |
| 17. Does Applicant have a medical crisis plan? | Yes | No |
| 18. Does Applicant require health histories, intake questionnaires? | Yes | No |
| If yes, how long are they kept? | | |
| 19. Does Applicant require signed waivers from all clients? | Yes | No |
| 20. Is signage used throughout facility to prevent injury? | Yes | No |
| 21. Does Applicant have non-slip surfaces in all wet areas? | Yes | No |

SECTION X - AUTOMOBILE

- | | | |
|---|-------|------------|
| 1. Transportation of passengers: Are drivers over 25 years old? | Yes | No |
| 2. Service vehicles: Are drivers over 21 years old? | Yes | No |
| 3. Does Applicant have an airport shuttle service? | Yes | No |
| If yes, is the shuttle service owned or contracted? | Owned | Contracted |
| 4. Does the Applicant provide valet parking? | Yes | No |
| If yes, is valet service owned or contracted? | Owned | Contracted |
| 5. Do Applicants employees use their own vehicles for company purposes? | Yes | No |
| If yes, are they insured? | Yes | No |
| How many employees drive their own vehicles? | | |
| Do Applicants employees provide Certificates of Insurance? | Yes | No |
| Are any drivers under 21 years of age? | Yes | No |
| 6. Has the Applicant leased or rented a vehicle in the last year? | Yes | No |
| If yes, provide use and cost of hire: | | |
| | | |
| 7. Does applicant run MVRs on all drivers? | Yes | No |

SECTION XI – BABYSITTING SERVICES

- | | | |
|---|-----|----|
| 1. Does the Applicant provide onsite childcare for customers or employees? | Yes | No |
| 2. Where in the hotel is the babysitting service provided? | | |
| 3. Does the babysitting service ever take place in the guest's room? | Yes | No |
| 4. Is the babysitting service licensed by the state? | Yes | No |
| 5. Is a minimum of one staff member certified in first aid present at all times? | Yes | No |
| 6. Are signed releases for emergency medical treatment/ dispensing of medication obtained from parents? | Yes | No |
| 7. While providing babysitting services, does the insured allow the children use of their pool? | Yes | No |

SECTION XII – PLAY AREAS

If the Applicant owns or has access to another’s playground area, complete the following questions:

- | | | |
|-------------------------------------|-----|----|
| 1. Is the area fenced? | Yes | No |
| 2. Are any trampolines present? | Yes | No |
| 3. Describe the playground surface: | | |

SECTION XIII – SEXUAL ABUSE

- | | | |
|---|-----|----|
| 1. Does the Applicant’s employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? | Yes | No |
| 2. Does the Applicant perform criminal background investigations on all current employees? | Yes | No |
| 3. Does Applicant verify employment-related references? | Yes | No |
| 4. Does Applicant conduct a personal interview? | Yes | No |
| 5. Has Applicant ever had an incident, which resulted in an allegation of sexual abuse? | Yes | No |
| a. If yes, please explain: | | |
| b. Was a claim made against the Applicant’s organization? | Yes | No |
| c. Is that individual still employed with the Applicant’s Organization? | Yes | No |
| d. What changes were made to prevent recurrence? | | |
| e. Was the case settled? | Yes | No |
| Provide complete details on a separate document. | | |
| 6. What were the monetary damages awarded to the victim? \$ | | |
| 7. Does the Applicant’s current insurance program include Abuse or Molestation Coverage? | Yes | No |
| 8. If so, what limits? | | |

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld. The insurer is authorized (but not obligated) to make any inquiry in connection with this application. Accepting this application does not bind the insurer to complete the insurance.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 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). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: 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 AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

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 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 DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORIDA 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 OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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: 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 NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN PENNSYLVANIA: 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.

APPLICABLE IN 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: 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.

APPLICABLE IN NEW YORK: 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

AGENCY

(If this is a Florida Risk, Producer means Florida Licensing Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

Resident or Non-Resident Surplus Lines Licensee Information by Applicant's State of Domicile

SL LICENSE STATE

SL LICENSE NO.

NOTICE

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

INSURED: _____

DATE: