

HOTELS AND MOTELS
 (Owner Operated or Co-Operated With Managing Agent)
 Application for a Commercial Crime Policy

I. Applicant Information

Producer	Policy Status <input type="checkbox"/> New <input type="checkbox"/> Renewal/Replacement of Policy No. _____
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Exact Name of Applicant - include all subsidiary entities, employee benefit plans, etc. to be covered:

Mailing Address (Street, City, State, Zip)

Business Style <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	Date Business Established
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Nature of Operation - Check all that Apply <input type="checkbox"/> Hotel (5 floors or more) <input type="checkbox"/> Motel/Motor Court <input type="checkbox"/> Owner operated <input type="checkbox"/> Co-operated with independent managing agent <input type="checkbox"/> Number of rooms (all locations): _____ <input type="checkbox"/> No. of Safe Deposit Boxes _____	Additional Operations - Check all that Apply <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern/Bar <input type="checkbox"/> Casino <input type="checkbox"/> Other _____
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Size of Operation
 Annual Revenues: \$ _____ Total Assets: \$ _____ Total No. of Locations: _____

Do You Have an Internet Website? Yes No
 If "yes", indicate URL: _____

II. Coverage Information

Desired Effective/Renewal Date

Desired Insuring Agreement(s), Limit(s), Deductible(s)

Insuring Agreement	Limit of Insurance	Deductible
1 - Employee Theft (Minimum Amount \$5,000)	\$ _____	\$ _____
2 - Forgery or Alteration	\$ _____	\$ _____
3 - Inside The Premises - Theft of Money and Securities	\$ _____	\$ _____
4 - Inside The Premises – Robbery or Safe Burglary of Other Property	\$ _____	\$ _____
5 - Outside The Premises	\$ _____	\$ _____
6 - Computer Fraud	\$ _____	\$ _____
7 - Funds Transfer Fraud	\$ _____	\$ _____
8 - Money Orders, Counterfeit Paper Currency	\$ _____	\$ _____
- - Liability For Guests' Property – In Safe Deposit Boxes	\$ _____	----
- - Liability For Guests' Property – In Rooms	\$ _____ \ \$ _____	----

II. Coverage Information (continued)

Prior Coverage to be Replaced - Check if None
 Policy Form/Coverage(s) Limit(s) Deductible(s) Effective Date Carrier

Has any Coverage of the Type Requested been Cancelled by any Insurer in the Last Six Years? (Not applicable in Missouri).
 No Yes (explain):

III. Rating and Supplemental Coverage Information – Insuring Agreements 1, 2, 6 and 7

Classification of Employees -- United States, U. S. Virgin Islands, Puerto Rico, Canada (show Canadian Employees separately)

Ratable Employees (as classified by position)/Locations

Ratable Employees consist of a) directors and trustees, while performing employee duties; b) partners, if added by endorsement; c) compensated officers; and d) compensated employees (and natural persons employed by an employment contractor while performing duties on behalf of the applicant) who handle, have custody or maintain records of money, securities or other property--including in any event all occupants of positions listed below. **NOTE: Do not include officers or employees of any firm hired as an independent managing agent.**

	No. U. S.	No. Can.		No. U. S.	No. Can.		No. U. S.	No. Can.
<u>Officials</u>			<u>Management</u>			<u>Services</u>		
Director/Trustee	___	___	Manager	___	___	Maitre d'hôtel	___	___
President	___	___	Assistant Manager	___	___	Chef who orders food	___	___
Vice President	___	___	Branch Manager	___	___	Buyer	___	___
Administrator	___	___	Asst. Branch Manager	___	___	Other	___	___
Treasurer	___	___	Dept. Manager	___	___			
Assistant Treasurer	___	___	Supervisor	___	___	<u>Accounting</u>		
Comptroller	___	___	Purchasing Agent	___	___	Auditor	___	___
Secretary	___	___	All Other	___	___	Bookkeeper	___	___
All Other	___	___				Cashier	___	___
						<u>All Other Ratables</u>	___	___

Total No. of Ratable Employees U. S. _____ Canada _____ Total No. of all Employees U. S. _____ Canada _____

Coverage Form A -- Agents Extension. Complete if Dishonesty Coverage is desired on independent firms or individuals contracted to perform employee functions:

Name of Firm or Individual	Function(s) Performed	Limit of Insurance \$
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Insuring Agreement 2 -- Credit Card Forgery Extension. Check box and furnish requested information if desired:

Limit \$ _____ Total number of employees holding applicant's credit or charge cards: _____

IV. Special Exposures

Is there likely to be a substantial increase in the number of employees during the premium period due to expansion, seasonal activity, acquisitions, etc.?

No Yes (explain):

V. Internal Control and Procedures -- All Locations

A. Indicate frequency of audits and cash accounts by an outside CPA: Annual
 Other (specify):
Does the audit contain the opinion of the auditing firm? Yes No
Does the audit include all interests and locations? Yes No
Frequency of audits of cash accounts and equipment inventory by internal staff: _____
If you operate a restaurant or bar, indicate frequency of food and liquor audits: _____

B. Is countersignature required on all checks issued by the applicant? Yes No
 In excess of \$ _____
If "no", provide name(s), position(s) and ownership interest(s) of persons with unlimited check signing authority:
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom? Yes No

C. Are securities under the control of two or more responsible employees? Yes No
Are securities kept in a bank safe deposit box? Yes No

D. Do all purchases require the signed approval of two or more employees? Yes No
If "no", indicate maximum authority granted to any one person: \$ _____

F. Does each cashier have his/her own cash supply or "bank"? Yes No
How often is cashiers' cash counted on a surprise basis? _____
Do desk clerks act as cashiers? Yes No

G. If Liability For Guests' Property (Safe Deposit Boxes or Premises) Coverage is Requested:
Have you designated specific individuals authorized to handle guest reports of missing items? Yes No
If "yes", provide name(s) and position(s) of persons authorized:
Is a written "incident report" prepared in response to each guest report? Yes No
Is there a notice clearly posted in each room which summarizes the hotel's liability for personal property while in the room? Yes No

VI. Physical Exposures and Protection – Insuring Agreements 3 and 4

Provide the following for each location with exposures of money, securities, checks or other property kept in a safe or vault exceeding the requested Deductible under Insuring Agreements 3 and 4. Please provide a separate sheet if you have multiple locations with varying exposures and protection.

Address of Location #1:

Indicate maximum exposures:

Safe #1

Money \$ Securities (not checks) \$ Checks \$ Other Property \$

UL or SMNA Burglary rating of safe or vault: _____ No label

Indicate special protection (dual combination, alarms, guards, etc.) if any:

Address of Location #2:

Indicate maximum exposures:

Safe #1

Money \$ Securities (not checks) \$ Checks \$ Other Property \$

UL or SMNA Burglary rating of safe or vault: _____ No label

Indicate special protection (dual combination, alarms, guards, etc.) if any:

VII. Loss History -- Check if None During Last Six Years

List all losses, of the types to be covered, incurred within the last six years. Itemize each loss separately. For Employee Theft losses involving off-site clients' property, please indicate "CLE" under "Type of Loss".

Date Loss Discovered	Type of Loss	Amount of Loss	Amount Recovered From Insurance	Describe Circumstances of Loss and Action Taken to Help Prevent Repetition
		\$	\$	

Insurance Fraud Prevention Act Notices

NOTICE TO ARKANSAS 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 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 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 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 MEXICO 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 CIVIL FINES AND CRIMINAL 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, 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 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 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 VIRGINIA 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."

The applicant 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 in reliance upon such information.

Dated at _____ this _____ day of _____, 20_____.

Applicant:

(Print Applicant Name)

By _____

(Name and Title of Person Signing)