**PREQUALIFIERS** – Risk(s) are ineligible if they include any of the following characteristics. Please complete:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Non-compliance with applicable law and ordinances pertaining to licensing or codes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Warnings, suspensions, revocations, or other restrictions imposed due to failure to comply with licensing standards or building fire, and/or safety code.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Rooms or common areas deficient of a fire/smoke alarm.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Armed security personnel, employed or contracted, who use weapons including but not limited to guns, Tasers, and stun guns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Bankruptcy declaration (Chapters 7, 11 or 13) within the last 3 years or impending foreclosure.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Unprotected commercial cooking facilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Buildings taller than 4 stories (refer to Northfield Solutions).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Rates charged on an hourly and/or partial day basis.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Swimming pools that have diving boards/slides, are unfenced, gate that is not self-latching/closing and/or not in compliance with Virginia Graeme Baker Pool &amp; Spa Safety Act.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Property classified as boarding or rooming house.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Owned autos or owned/contracted shuttle/transportation service offered, including delivery service, cab service, or designated driver programs (no HNOA coverage).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL INFORMATION**

1. Describe your operations (i.e. hotel, motel, bed & breakfast, etc.):

2. Describe any seasonal risks:

3. Average occupancy rate:

4. Are animals allowed on the premises?  ☐ Yes  ☐ No

5. Do any rooms have a kitchenette, wood burning stove, or fireplace?  ☐ Yes  ☐ No
   If yes, are fire extinguishers in place?  ☐ Yes  ☐ No

6. Which of your services are subcontracted:

7. Percent of the building/rooms that are sprinklered:

8. Are employees on premises 24 hours?  ☐ Yes  ☐ No

**REVENUE INFORMATION**

<table>
<thead>
<tr>
<th></th>
<th>Most Recent Yr.</th>
<th>1st Year Prior</th>
<th>2nd Year Prior</th>
<th>3rd Year Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Sales Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquor Sales Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Room Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Recreational Exposures

- **Baseball Field**: 
- **Basketball Court**: 
- **Babysitter/Daycare**: 
- **Beaches**: 
- **Biking/Jogging Trail (Miles)**: 
- **Boat Dock/Slip**: 
- **Clubhouse/Party room (Sq. ft.)**: 
- **Other (describe)**: 

**Baseball Field**: 
- **Dance Floor**: 
- **Exercise Facilities**: 
- **Hot Tub**: 
- **Lake/Pond (Acres)**: 
- **Park (Acres)**: 
- **Parking Garage**: 
- **Playground**: 
- **Water/Theme Park**: 

**Baseball Field**: 
- **Saddle Animals**: 
- **Sauna**: 
- **Ski Lodge**: 
- **Swimming Pool**: 
- **Tanning Beds**: 
- **Tennis Court**: 
- **Tanning Beds**: 
- **Water/Theme Park**: 

**Baseball Field**: 
- **Basketball Court**: 
- **Exercise Facilities**: 
- **Sauna**: 
- **Ski Lodge**: 
- **Swimming Pool**: 
- **Tanning Beds**: 
- **Tennis Court**: 
- **Water/Theme Park**: 

1. If any live or automated entertainment (gambling machines, mechanical devices, etc.), describe type and frequency:

2. Do your promotional events (banquets, contests, etc.) or entertainment involve any special effects, i.e. lighting/sound, smoke, pyrotechnics, etc.?  
   - **Yes**  
   - **No**  
   If yes, describe:

### Cooking Exposure

- **COOKING EXPOSURE**: N/A

1. Type of exposure:  
   - **Restaurant**  
   - **Bar**  
   - **Tavern**  
   - **Other**: 

2. Does food preparation involve cooking? If yes, complete the following:  
   - **Yes**  
   - **No**  
   a. Are preparation and sanitation procedures followed to prevent food borne illness?  
   - **Yes**  
   - **No**  
   b. Indicate if the following are present and how often they are inspected and cleaned:  
      1. Filters, hoods, and ducts for all cooking areas:  
      - **Yes**  
      - **No**  
      2. UL-approved fire extinguishing system:  
      - **Yes**  
      - **No**  
      3. Fuel shut-off actuation of automatic fire protection system:  
      - **Yes**  
      - **No**  
   c. Is there tableside cooking or open pit barbeques?  
   - **Yes**  
   - **No**  
   d. Do you provide any off-premises catering?  
   - **Yes**  
   - **No**

### Liquor Exposure

- **LIQUOR EXPOSURE**: N/A

1. Limits requested:  
   - **$300,000/$300,000**  
   - **$500,000/$500,000**  
   - **$1M/$1M**  
   - **$1M/$2M**

2. Deductible requested:  
   - **$250**  
   - **$500**  
   - **$1,000**  
   - **$2,500**

3. Do your operations include the sale of liquor? If yes, complete the following:  
   - **Yes**  
   - **No**  
   a. Do you have a liquor license?  
   - **Yes**  
   - **No**  
   b. Do you dispense or provide alcoholic beverages for off-premises events?  
   - **Yes**  
   - **No**  
   c. Have you ever had your liquor license revoked/suspended or received a citation/violation notice?  
   - **Yes**  
   - **No**  
   d. Are all alcohol-serving employees certified in a **Formal Alcohol Training Course**?  
      - **Yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.):**
   - **Yes**  
   - **No**  
   e. Are employees allowed to consume alcohol during their hours of employment?  
   - **Yes**  
   - **No**  
   f. Are there written and enforced policies for intoxicated customers and minors?  
   - **Yes**  
   - **No**  
   g. Do you host an open bar that provides alcohol at no charge (e.g. Manager Happy Hour)?  
      - **Yes, risk is ineligible for Liquor Liability coverage.**  
      - **Yes**  
   h. Do you have any package sales?  
   - **Yes**  
   - **No**  
   i. Do you sponsor any drink specials (i.e. 2-for-1, ladies’ night, etc.)?  
      - **Yes**  
      - **No**

### Security

1. Is security provided?  
   - **Yes, Armed**  
   - **Yes, Non-armed**  
   - **No**  
   Security Offered:  
   - **Patrol**  
   - **Gated/Property Access**  
   - **Burglary Alarm Systems**  
   - **Security Cameras**  
   - **Other**:

2. Are background/reference checks required for all employees?  
   - **Yes**  
   - **No**
HISTORY

1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years?  
   Yes  No

2. Have you had any prior losses due to mold, fire, water, weather, slip & fall?  
   Yes  No
   If yes, explain:

3. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)

4. Does the applicant desire Assault or Battery coverage?  
   Yes  No
   If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?  
   Yes  No
   If yes, provide details:

If "Yes" to any questions above, provide details:

FRAUD STATEMENTS

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.

LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

<table>
<thead>
<tr>
<th>Applicant Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Producer Signature</td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

Producer Name and Address