United States Liability Insurance Group
A BERKSHIRE HATHAWAY COMPANY

Hotel/Motel Product Application - Commercial Liability– All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Applicant's name:_____

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other _____

Location address: ❑ Same as mailing address

City:_____ State: _____ Zip: _____

Coverage desired: Monoline liability (Property coverage is not available for this product)

Description of Operations:

How many years has the applicant been at the current location? _____

What are the annual sales at this location? _____

How many rooms at this location? _____ (100 max)

Confirm that there are three or less stories in the buliding. ❑ True ❑ False

Is any portion dedicated for other commercial occupancy? ❑ Yes ❑ No

If "Yes," what is the area dedicated for other commercial occupancy? _____ sq.ft.

Is this space: ❑ Occupied or ❑ Vacant

Is this space: ❑ Operated by applicant or ❑ Leased to others

Description of the other commercial occupancy: _____

Limits & Rating Section

Occurrence limit: ❑ $100,000/$200,000 ❑ $300,000/$600,000 ❑ $500,000/$1,000,000 ❑ $1,000,000/$2,000,000

Number of swimming pools _____

If pool, is there a lifeguard on duty at all times when the pool is open? ❑ Yes ❑ No

Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				❑	❑	❑
				❑	❑	❑
				❑	❑	❑

Are they a national franchise? ❑ Yes ❑ No If "Yes," provide the franchise name: _____

Is there inside room access only with changeable card entry? ❑ Yes ❑ No

Was the building built within the last 20 years? ❑ Yes ❑ No

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Liability Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

III. ELIGIBILITY CRITERIA

1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past five years. ❑ True ❑ False
2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) ❑ True ❑ False
   If "False," advise reason _____
3. For any building built prior to 1978, 100% of the wiring is on functioning and operational circuit breakers ❑ True ❑ False
4. Functioning and operational smoke and/or heat detectors in all units and/or occupancies ❑ True ❑ False
5. No assisted living, group home, rooming or boarding house, or bed and breakfast operations ❑ True ❑ False
6. No structural renovations ongoing or planned during our policy term ❑ True ❑ False
7. Occupancy rate of 55% or more (not applicable if the location has been available to tenants less then 12 months) ❑ True ❑ False
8. No armed security or off-duty police officers employed ❑ True ❑ False
9. All development and construction operations are complete (no part is still in course of construction) ❑ True ❑ False
10. All guestroom doors are equipped with deadbolt locks, peep holes and chains ❑ True ❑ False
11. Formal written procedures concerning emergencies and guest safety exist which require written documentation of any incident and all employees are trained on them ❑ True ❑ False
12. No marina operations, boating, sport activities organized, golf courses, horseback riding, ski slopes or air strips ❑ True ❑ False
13. All guestrooms have non-slip surfaces in bathtub and bathroom areas ❑ True ❑ False
14. The premises does not include a bar, tavern or nightclub exposure (applicable whether leased or owner-operated) ❑ True ❑ False
15. No more than two swimming pools at any location ❑ True ❑ False
16. All guest rooms have functioning and operational carbon monoxide detection alarms if required by the law or code of the municipality in which the building is located ❑ True ❑ False
17. For any building built prior to 1978, no knob and tube or aluminum wiring ❑ True ❑ False
18. No exposure to regular guest stays for over four weeks straight ❑ True ❑ False
19. No resort activities (to include one or more of the following: rental of cottages or cabins, rental of equipment, providing recreational services, spa services and childcare operations) ❑ True ❑ False
20. No rental of rooms for less than one night ❑ True ❑ False
21. No conferences or trade shows held on the premises ❑ True ❑ False
22. No banquet facilities or catering services on the premises ❑ True ❑ False
23. Swimming pools are completely surrounded by fence with a self latching gate, depths are clearly marked, pool rules clearly posted, life safety equipment is readily available, with no slides or diving boards ❑ True ❑ False
24. Does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act ❑ True ❑ False

IV. ADDITIONAL APPLICANT INFORMATION

What year did the applicant purchase the property? _____

Applicant's mailing address:_____ (if different than the location address above)

City:_____ State: _____ Zip: _____

E-mail address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip Code: _____