

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER ABC Agency Name Agency Mailing address City, State, Zip		PHONE (A/C, No, Ext):	COMPANY Insert Exact Carrier Name Insert Exact Carrier address Insert Exact Carrier City, State, ZIP	
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: 65707				
INSURED Hampton Inn/ Homewood Suites		LOAN NUMBER	POLICY NUMBER SAMPLE	
		EFFECTIVE DATE XX/XX/20XX	EXPIRATION DATE XX/XX/20X1	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 ADD BRAND NAME
 ADD PHYSICAL ADDRESS OF LOCATION(S)
 ADD CITY, MT

COVERAGE INFORMATION		
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Commercial Property Policy Level Coverages Coverage: Business and Personal Property Coverage Form (CP0010 04/02) Coverage: Commercial Property Conditions (CP0090 07/88) Coverage: Causes of Loss- Special Form (CP1030 10/00) Coverage: Equipment Breakdown Endorsement (CP7566 10/01) Commercial Property Location Specific Coverages Location #: 1 ADD ADDRESS ADD CITY, MT (See Attached Coverage Info.)		

REMARKS (Including Special Conditions)

INFORMATION ONLY

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 _____ DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS Hilton Hotels Corporation Attn: Risk Mgmt 9336 Civic Center Drive Beverly Hills, CA 90210	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> AI - Franchisor- CG2029
LOAN #		
AUTHORIZED REPRESENTATIVE		

COVERAGE INFORMATION (Continued from page 1.)

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building #: 1 Hotel. Coverage: Building Cause: Special (Including Theft)	100%RC	\$ 1,000
Building Ordinance- Coverage A	Limit	
Building Ordinance- Coverage B-	Limit	
Building Ordinance - Coverage C	Limit	
Coverage: Personal Property Cause: Special (Including Theft)	100% RC	\$ 1,000
Coverage: Business Income 1/3 Mo Lmt Cause: Special (Including Theft)	12 Mo worth	
FLOOD(if in Flood Zone A or V- if flood not req. state so in the compliance letter- ie: Flood Zone)	Limit	
EARTHQUAKE: IF REQUIRED. If not, state why it is not in the cover letter to Hilton Risk Management	Limit	ded
. CRIME COVERAGES		
Employee Dishonesty	\$100,000	Ded
Forgery and Alteration	\$50,000	
Money & Securities(inside)	\$50,000	
Money & Securities(outside)	\$50,000	
Computer Fraud	\$50,000	
Counterfeit Paper Currency	\$50,000	ded