



3475 Monroe Avenue
 PO Box 3089
 Butte, Montana 59702-3089

Phone: 406.494.8000

Fax: 406.494.7641
 Email: info@hbiworld.com
 Website: www.hbiworld.com

Toll Free: 866-458-6467

HOSPITALITY PROGRAM APPLICATION

Applicant: _____

Date: _____

General Information

Contact Information

Ownership

Name: _____
 Title: _____
 Phone: _____
 Email: _____
 Corporate Website: _____

Management

Name: _____
 Title: _____
 Phone: _____
 Email: _____

Mailing Address:

_____ (Street) _____ (City) _____ (State) _____ (Zip)

Effective Date (Property & Liability) _____

Effective Date (Work Comp) _____

Insurance Company: _____

Insurance Company: _____

Current Premium: _____

Current Premium: _____

Describe any losses (over \$5,000) in the past five years:

Location Schedule

Brand or Independent Name	Location (City, State)	Year Built	# of Rooms	Restaurant (Yes/No)

Auto

Owned Auto? Yes / No

of Autos? _____

Parking Garage? Yes / No

Other Recreational Facilities

Any apply: Marinas Saddle Animals Watercraft Beaches Ski trails/guides
 Equipment Rentals Health Club Spa/day spa Playgrounds Waterpark/slides



Location Supplement
Please complete one application for each location

Applicant: _____

Location Physical Address: _____
(Street) (City) (State) (ZIP)

General Information

General Managers Name: _____ Phone: _____ Email: _____

How many years of hotel operating experience: _____

Who is in charge of the Hotel Safety Program? _____

Are safety meetings held at least quarterly? Yes / No

Does this location have security guards? Yes / No *if yes, are they armed? Yes / No if yes, are they employees? Yes / No*

Number of Employees: _____ Management _____ Sales _____ Front Desk _____ Housekeeping
(Full time) _____ Maintenance _____ Security _____ Food / Beverage

Are references checked for all management, front desk, maintenance and security? Yes / No

Which additional screening measures are used when hiring new employees? *Check all that apply:*

Drug Testing Formal Background checks Criminal Background Motor Vehicle Reports

Occupancy Rate: _____ Average Daily Rate (ADR): _____ Last Quality Assurance Score: _____

Annual Room Revenue: \$ _____ Annual Food/Beverage Revenue: \$ _____

Annual Meeting/Convention Revenue: \$ _____ Annual Liquor Revenue: \$ _____

Other Revenue: \$ _____ *describe:* _____

Building Information

<i>(Complete for each building)</i>			Insured Values (90% Co-insurance, replacement cost)		
Building Description (# of Rooms)	Total Area (Sq. Footage)	# of Floors	Building Value	Personal Property ("FF&E")	Business Income ("Loss of Profit & Continuing Expenses")
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Construction: Wood Masonry/Concrete/Wood Roof All Concrete

When was the last update to the roof? _____ Electrical? _____ Plumbing? _____ Heating? _____

Yes No Is the location fully sprinklered, including concealed / attic spaces?

Does your fire alarm system inform: fire department alarm service front desk panel

Total # of pools including hot tubs: _____ # outdoor? _____ *if outdoor, are they fenced?* Yes No

Check which features apply to the pools / hot tubs:

Locked when closed Safety rules posted Hours posted Slide Life Ring

Depth markers Shepherd's crook Emergency telephone Diving Board

Yes No Are hotel guests only allowed to use the pool/spa?

Yes No Are pool chemicals kept in separate storage away from the building?

Yes No Is there a Sauna / Steam room?

Yes No Do you have free weights in your fitness center?

Yes No Is there a service / maintenance log for all laundry equipment?

Yes No Are laundry dryers cleaned with each use?

Yes No Are all parking area and hidden spaces adequately lit for safety standards?

Yes No If applicable, is a log maintained for snow / ice removal?



Restaurant / Liquor Supplement

Please complete one application for each location

Applicant: _____

Location Physical Address: _____
(Street) (City) (State) (ZIP)

General Information

Provide seating capacities for any of the following that apply:

Convention / banquet rooms: _____ Breakfast Rooms: _____
Restaurants: _____ Lounges / Bars: _____

If there is a Restaurant on premises please complete the following:

Operated by: Applicant Tenant

Type of Restaurant: Family Upscale Fast Food Sports Bar Cafeteria

- Yes No Is there a full ANSUL system protecting all deep-fat fryers, char-grills and griddles?
 Wet chemical system Dry chemical system
- Yes No Is the system serviced at least semi-annually?
- Yes No Can the ANSUL system be activated by a switch located along an exit route?
- Yes No Does the system include automatic fuel or power shut-off?
- Yes No Are the filters UL approved? (note: mesh filters are NOT UL approved)
- Yes No Are the filters cleaned at least once a week?
- Yes No Is the area around refrigeration compressors kept free of combustible material?
- Yes No Is furniture inspected for wear at least weekly?
- Yes No Are refrigerators set below 40 degrees / freezers below 20 degrees?
- Yes No Have there been any building or health code violations in the past three years?

If you sell, distribute, or furnish alcoholic beverages please complete the following:

- Yes No All waitstaff has completed liquor service training or TIPS?
- Yes No Are there any "happy hour" promotions, either free food or reduced drink rates?
- Yes No Have there been any license or liquor sales violations?
- Yes No Is cab service furnished for intoxicated patrons?
- Yes No Is there a dance floor?
- Yes No Is there any live entertainment? *If yes, please describe:* _____



Crime Supplement

Please complete one application for each location

Applicant: _____

General Information

SIC Code: _____
 Yes No Are you a publicly-traded company? *If yes, ticker symbol?* _____
 Prior Insurer: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

Loss Experience

List all crime losses sustained during the last three years whether reimbursed or not. Check here if none

<u>Date of Loss</u>	<u>Total Amount of Loss</u>	<u>Description of Loss and Corrective Action</u>
_____	_____	_____
_____	_____	_____

	<u>US/Canada</u>	<u>Other Countries</u>	<u>Total</u>
Number of Employees *	_____	_____	_____
Locations (other than main office)	_____	_____	_____

*Includes the following employees: Leased: _____, Temporary: _____, and Non-compensated Employees: _____.

Are any employees compensated with commissions, based on sales activity, that on average exceeds 50% of their base salary? _____ Yes _____ No

Companies that practice segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single employee can control a process or transaction from beginning to end.

- | | | |
|---|-----|----|
| 1. Are officer-shareholders active in the day to day operation of the business? | Yes | No |
| 2. Do employees who reconcile the bank statement also : | | |
| Make deposits? Yes No Make withdrawals? Yes No Sign checks? Yes No | | |
| 3. Is a CPA involved in the applicant's financial reporting? | Yes | No |
| 4. For new employees, are background checks which may include prior employment, criminal history or drug testing performed? | Yes | No |

Please indicate maximum exposure for each location:

<u>Locations</u>	<u>Cash</u>	<u>Retail Checks</u>	<u>Credit Card Receipts and Non-retail Checks**</u>	<u>Is there a Safe? (Y or N)</u>
_____	_____	_____	_____	_____

** A non-retail check is a check presented to you and immediately endorsed "for deposit only" and then recorded in your accounting process so that it could be recreated if it were stolen, lost or destroyed.

Attention: Insureds in FL and KY

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.

Date	Signature	Title
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