



McGOWAN PROGRAM ADMINISTRATORS
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Agency: _____
 Address: _____
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LIMITED SERVICE HOTEL UMBRELLA APPLICATION

Application for Insurance and Risk Purchasing Group Membership

Applicant & General Information Section

Applicant Name: _____
 Mailing Address: _____ City, State: _____ ZIP Code: _____
 Effective Dates: _____ - _____ Limit: \$5MM \$10MM \$15MM \$25MM \$50MM \$75MM \$100MM

Underlying Insurance Section

NOTE: Underlying policies (or dec pages) and three years of currently valued, carrier-generated loss runs are required.

Policy Type	Carrier	Limits	Effective Dates
*General Liability		\$ ___ MM occurrence \$ ___ MM aggregate \$ ___ MM prod. & compl. ops.	_____ - _____
*Automobile Liability		\$ ___ MM combined single limit	_____ - _____
**Employee Benefits Liability		\$ ___ MM / \$ ___ MM	_____ - _____
*Employers Liability		\$ _____ / \$ _____ / \$ _____	_____ - _____
*Liquor Liability		\$ ___ MM / \$ ___ MM	_____ - _____
Other: _____		\$ ___ MM / \$ ___ MM	_____ - _____

* Policy must be written on an occurrence form basis.

** Policy must be written on a claims-made form basis.

All underlying carriers must be A.M. Best-rated A- / VI or higher. All underlying policies must be written on a commercial lines basis.

Defense costs must be outside the limits of liability on all General Liability policies. GL aggregates must apply "per location" with no cap.

Underlying Policy Questions

1. Does the underlying General Liability policy apply on a "per location" basis if this is a multiple location risk? Yes No
 - a. If "yes," does the policy have a maximum aggregate cap? Yes No If "yes," what is the cap? \$ _____ MM

Life Safety Section

1. Have buildings over seven stories been inspected by a General Liability carrier within the past three years? Yes No
2. Are there any outstanding mandatory or critical loss control recommendations? Yes No
3. Do all buildings comply with property statutes, local and state ordinances, and building codes? Yes No
4. Do any buildings contain aluminum wiring that has NOT been remediated with the COPALUM crimp method? Yes No
5. Do all buildings have two means of egress per floor, properly marked? Yes No
6. Are all units equipped with smoke detectors (either hard-wired or battery-powered with annual maintenance)? Yes No
7. Do all buildings contain manual pull fire alarms with audible or visual devices on each floor? Yes No
8. Are all locations ISO town class eight or better? Yes No
9. Do all interior corridors have emergency lighting, self-closing fire doors, and lighted exit signs? Yes No

Hold Harmless Section

1. Does the applicant obtain written contracts from all third party tenants and service providers? Yes No

NOTE: "Service providers" include, but are not limited to: contractors, security guards, valets, and maintenance services.

If "yes," do those contracts and/or leases:

- a. Require third parties to carry at least \$1MM/\$2MM in General Liability limits? Yes No
- b. Require that the applicant be named as an additional insured on the third party's liability policies? Yes No
- c. Contain language that indemnifies and holds harmless the applicant? Yes No
- d. Contain a waiver of subrogation in favor of the applicant? Yes No
- e. Specify that the third party's insurance is primary to the applicant's? Yes No

Pool Section

Not applicable—there are no pools.

1. Do all pools contain anti-vortex drain covers in compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No
2. Are all pool areas 100% fenced (or the functional equivalent thereof, as in four walls surrounding an indoor pool)? Yes No
3. Are all means of in/egress to the pool areas controlled by functioning self-closing or self-latching gates or doors? Yes No
4. Are all doors or gates leading into any indoor pool areas locked at night? Yes No
5. Do all pool areas contain "Swim at Your Own Risk" signs, depth markers, and posted rules/hours of operation? Yes No
6. Is the clarity of the pool water checked daily by an employee? Yes No
7. Are there any water features such as diving boards, slides, "lazy rivers," etc.? Yes No
8. Can the pool area be directly accessed from any unit? Yes No

General Section

1. Are background checks performed on all employees? Yes No
2. Is entrance to the hotel area restricted to the lobby area after 11 p.m.? Yes No
3. Does the hotel management have at least two years of experience? Yes No
4. Do all hotels have scheduled pest control maintenance on a semi-annual basis? Yes No
5. Are any buildings on the schedule currently undergoing construction or development? Yes No
6. Please indicate whether any of the below exposures are present (note additional information may be required):
- NONE Catering Service Valet Service Marina (Boat Slips, Docks, Lakes, Watercraft)
7. Are there any security guards? Yes No
- a. Are the security guards armed? Yes No
- b. Are the security guards employed by a third party or by the applicant? Applicant Third Party
8. Is the applicant, or are any subsidiaries of the applicant, a non-profit organization? Yes No

Restaurant Section

Not applicable—there are no restaurants or bars.

1. Are functioning hood and duct fire extinguishing systems in place? Yes No
2. Have all employees undergone formal alcohol dispensation training? Yes No
3. Are all restaurants in compliance with local, state, and federal sanitation guidelines and NFPA regulations? Yes No
4. Is the restaurant operated by the applicant or by a third party? Applicant Third Party

Owned Vehicle Section

Not applicable—there are no owned vehicles.

1. Are MVRs obtained annually for all drivers? Yes No
2. Is annual preventative maintenance performed on the vehicles? Yes No
3. Please provide the number of each type of vehicle:
 PPT/Light: _____ Medium: _____ Heavy: _____ Other (Please Describe): _____

4. Please complete the below or provide a schedule with the following information:

Vehicle Identification Number	Make/Model/Year	# of Passengers	# Trips per Month	Describe Use (e.g., "service" or "transport")

5. For any transportation vehicles, please advise: N/A
- a. Are only the applicant and the applicant's guests permitted to ride in the vehicles? Yes No
- b. Are all vehicles licensed for commercial use? Yes No
- c. Please describe scope of transportation (e.g., "three miles to airport"): _____

Location Information Section

Please fill out the below information. **If schedule consists of more than three locations, please submit an SOV containing the below information.**

Location Address: _____ **City, State:** _____ **ZIP Code:** _____

Additional Named Insured/DBA: _____

Stories: _____ **# Units:** _____ **# Pools:** _____ **LRO Square Footage:** _____ **Construction Type:** _____

Sprinkler Status: 100% Partial (Area: _____) 0% **Alarm Type:** Central Station Local None

Year Built: _____ **Room Receipts:** _____ **Liquor Receipts:** _____ **Food Receipts:** _____

Location Address: _____ **City, State:** _____ **ZIP Code:** _____

Additional Named Insured/DBA: _____

Stories: _____ **# Units:** _____ **# Pools:** _____ **LRO Square Footage:** _____ **Construction Type:** _____

Sprinkler Status: 100% Partial (Area: _____) 0% **Alarm Type:** Central Station Local None

Year Built: _____ **Room Receipts:** _____ **Liquor Receipts:** _____ **Food Receipts:** _____

Location Address: _____ **City, State:** _____ **ZIP Code:** _____

Additional Named Insured/DBA: _____

Stories: _____ **# Units:** _____ **# Pools:** _____ **LRO Square Footage:** _____ **Construction Type:** _____

Sprinkler Status: 100% Partial (Area: _____) 0% **Alarm Type:** Central Station Local None

Year Built: _____ **Room Receipts:** _____ **Liquor Receipts:** _____ **Food Receipts:** _____

Uninsured and Underinsured Motorists Liability Coverage Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization I represent will be surcharged for this coverage. Coverage is only available in the following states: FL, LA, NH, VT, WV, and WY.

Terrorism Coverage Selector

- I decline to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent will have no Certified "Acts of Terrorism" coverage.
- I would like to purchase Certified "Acts of Terrorism" Coverage. I understand that I or the organization I represent may be surcharged of our ordinary premium for this coverage.

Fact, Statements, & Fraud Notice; Purpose & Effect of Application for Insurance & Purchasing Group Membership, Terms & Conditions of Insurance, Membership Agreement - Terms & Conditions of Membership (Including Purchasing Group Fee Disclosure); Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof)

Fact Statements & Fraud Notice. The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/OR Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements, And Disclosures Provided In This Application. The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of Community Associations PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges When Due (If Applicable) [Premiums, Fees, Taxes & Surcharges Will Be Individually-Detailed On Applicant's Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (hereinafter "EOI")]; (6) That It Understands And Agrees That Any Additional Material Supplied By Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of This Application For Insurance; (7) That It Understands And Agrees That This Application Shall Be The Basis Of The Contract Should A Policy &/Or EOI Be Issued, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (8) That It Understands And Agrees That This Application Will Become A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [15 U.S.C. §3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant to Terrorism Risk Insurance Act of 2002 (And Any Subsequent Continuations or Revisions Thereof). By Signing Below, Applicant Agrees That It Has Read And Understands The Most Recent Disclosure Pursuant to Terrorism Risk Insurance Act Which Appears At www.purchasinggroups.com.

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group—And Purchasing Groups In General—As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGU's Income, And Your Insurance Broker's Income.

(Version v2015.01.01)

_____, 20____
Signature of Applicant Date

Printed Name: _____

Title: _____

_____, 20____
Signature of Insurance Broker Date

Printed Name: _____

Title: **Insurance Broker**