

Bed Bug (Cimex Lectularius/Cimex Hemipterus) Liability Insurance

Professional Liability Insurance Services, Inc.® -
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(Note: Whenever used herein "Bed Bug(s)" shall mean Cimex Lectularius/Cimex Hemipterus)

General Information:

1. Company Name: _____
Main/Mailing Address: _____

2. Type of Operation: Hotel/Motel Resort Cabin Condo Timeshare Camp
 Apartment Single Family Residence Other: _____

3. If seasonal operations, please provide dates of operation: _____

Is the applicant company a property management company? Yes No

4. Total Gross Revenue: \$ _____

5. Crisis Management Contact: _____
Phone: _____ Fax: _____ E-Mail: _____

6. Does the applicant have international locations? Yes No (If yes, please provide listing by country.)

7. Does the applicant have any locations that are categorized under "Section 8"? Yes No

If Yes, please complete the Section 8 Housing Supplement

Prior Incidents/Loss History: (If "Yes" to any of the below questions, please complete the Claims Supplement)

Please respond to these questions regardless of whether or not there has been insurance coverage available for such events.

8. After inquiry of management at each location being considered for coverage, in the past thirty (30) days has the applicant received any customer complaints (whether made to applicant directly or through the health department or other regulatory authority) related to bed bugs or bed bug bites (actual or alleged)? Yes No

9. After inquiry of management at each location being considered for coverage, is the applicant aware of any complaint, incident, fact, situation or circumstance which may reasonably be expected to result in a claim? Yes No

We consider it reasonable for you to foresee that a Claim may be made against you if:

1. *You have received a request from a customer to be transferred to a different room/unit or different facility due to actual, suspected or alleged signs or sightings of bed bugs.*
 2. *You have received complaints from a customer of actual suspected or alleged bites from bed bugs.*
 3. *A public health authority, governmental agency, pest control specialist, customer, employee, any other person at a location or anyone else notifies you of bed bug activity.*
10. After inquiry of all management for each location being considered for coverage, in the past five (5) years has the applicant:
 - a. Had any Bed Bug activity (actual or alleged)? Yes No
 - b. Been cited, fined or closed down by any public health authority or civil authority? Yes No
 - c. Had any properties that have been listed on Bed Bug Registry.com or any other similar media outlet as having had bed bugs? Yes No
 - d. Received any lawsuits, demands for money or other remediation demands due to bed bugs? Yes No
 - e. Paid any compensation, including but not limited to reimbursements, free lodging or monetary or non-monetary consideration? Yes No

Crisis Management/Loss Controls:

11. a. Is there a crisis management plan for bed bug events? Yes No
 Name of Spokesperson: _____ Title: _____
- b. Does the applicant require regular inspections of units to check for bed bugs? Yes No
 If yes to the above, is there a checklist that is utilized? Yes No
- c. Is there a bed bug complaint log maintained at each location? Yes No
 If Yes, and there have been complaints in the past five (5) years, please provide a copy of the complaint log.
- d. Are there written procedures in place that identify the steps that are to be taken if bed bugs are found in a unit or if a customer complains of bed bugs in a unit? Yes No
- e. Are there written cleaning procedures in place that are intended to prevent bed bugs? Yes No
- f. Is there training in place for employees with regard to how to inspect the areas where bed bugs are typically present, their identification and the steps to take if discovered? Yes No
- g. Are regular pest control services provided at each location? Yes No
 Name of Pest Control Company: _____ How often are services provided? _____
 Name of Pest Control Contact: _____ E-Mail for Pest Control Contact: _____
 Phone Number for Pest Control Contact: _____ Fax Number for Pest Control Contact: _____
 Contact: _____ Contact: _____

NOTE: All indications are stated in U.S. dollars., Payment is required in U.S. dollars., Any claims payments will be in U.S. dollars. Premium indicated and bound will be the amount required 30 days from the effective date – no foreign currency conversion at that time. By signing this application, the undersigned confirms that the present document, and any other document or correspondence pertaining to the present insurance or application for insurance is accepted in the English language.

APPLICATION: I/We the undersigned, acting for and on behalf of the applicant company declare that to the best of our knowledge and belief, the information provided in this application form is true, and I/we have not withheld any material information which might affect the judgment of Underwriters in their rating and acceptance of this risk. I/we agree that if a contract of insurance is provided by Underwriters, this application form and any attached details of previous experience shall be the basis of such a contract. Signing this application does not bind Underwriters to an offer or the named applicant to accept insurance. The Applicant understands and agrees that this Application and any other previous applications, along with any attachments and supplied information thereto shall be a material and integral part of the Policy and any part of any Policy that may be issued by Underwriters, and the statements made herein shall be construed as representations and warranties of the Applicant. By signing this Application form, the Applicant confirms that they have been provided with and inspected a specimen of the Bed Bug (Cimex Lectularius/Cimex Hemipterus) Liability Coverage wording. It is recommended that the Applicant take time to review the Policy to ensure that they fully understand the coverages provided. The Applicant should feel free to consult with any source, including legal advisors, regarding coverage.

In addition to all other terms and conditions:

APPLICABLE IN KENTUCKY. 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.

All indications are subject to receipt of a completed/signed application, required attachments and final underwriting approval.

Applicant's Signature (application must be signed by Applicant)

Date

Applicant's Printed Name

CRISIS MANAGEMENT/RISK MANAGEMENT:

The proposed policy is designed for risks that agree to use the appointed crisis management/risk management services as approved and appointed by Underwriters (Specialty Risk Management, Inc.).

The named applicant agrees to immediately contact the designated 24-hour crisis management service in the event of any actual or potential Bed Bug Event (Cimex Lectularius/Cimex Hemipterus).

REMINDER:

1. IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS UNDER THE "PRIOR INCIDENTS/LOSS HISTORY SECTION OF THIS APPLICATION, PROVIDE THE FOLLOWING:
 - a. A COMPLETED CLAIMS SUPPLEMENT FOR ALL EVENTS AT EACH LOCATION
2. PROVIDE THE PHYSICAL ADDRESSES FOR EACH LOCATION BEING CONSIDERED FOR COVERAGE

CLAIMS SUPPLEMENT

Bed Bug (*Cimex Lectularius/Cimex Hemipterus*) Liability

(Please complete one supplement for each circumstance disclosed)

1. Address of Location Involved: (Street, City, State, Zip) _____

Type of circumstance: Verbal Complaint Lawsuit (Provide Copy)

Written Complaint Demand Letter

Current Status: Open Closed

Date Original Complaint was made, if any: _____ Date of Actual or Alleged Bed Bug Activity: _____

Date Claim was made: _____

What demands were made by the complaining party? _____

What correction actions, if any, did the complaining party request? _____

Allegations: (ie: warranty of habitability, gross negligence, etc.)

If Open: Claimant's Settlement Demand (if any): \$ _____

Defense Costs to Date: \$ _____

Total Expected Defense Costs: \$ _____

Applicant's Settlement Offer (if any): \$ _____

If Closed: Total Defense Costs Paid: \$ _____

Total Indemnity Paid: \$ _____

Date of Settlement: _____

Out of Court Settlement? Yes No

What corrective action was taken by the applicant? _____

The undersigned warrants and represents that the statements set forth are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known. The undersigned agrees that this supplement shall become the basis of any coverage and part of any policy that may be issued by Underwriters.

In addition to all other terms & conditions: Applicable in KY Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

Applicant's Signature (must be signed by applicant)

Date