



# Hospitality Restoration

## Loss of Business Income and Incident Response Expense Insurance

**PROFESSIONAL LIABILITY  
INSURANCE SERVICES, INC.**  
**UNDERWRITING FACILITIES**  
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Food Borne Illness -- Accidental Contamination -- Malicious Contamination

**\*\*PREMIUM FINANCING AVAILABLE\*\***

**General Information Resort / Hotel Operations**

1. Applicant Company Name: \_\_\_\_\_  
Hospitality Trade Name(s): \_\_\_\_\_
2. Risk Management/Crisis Management Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. What is the average occupancy rate? \_\_\_\_\_
4. How long is the average guest stay (how many days)? \_\_\_\_\_
5. What is the average cost of a room? \_\_\_\_\_
6. Total number of rooms? \_\_\_\_\_
7. Total Revenue for all locations: \$ \_\_\_\_\_  
Total Revenue derived from occupancy (room rental): \$ \_\_\_\_\_
8. Do you provide any additional services? ..... YES  NO   
If yes, what types (spa, massage, etc.)? \_\_\_\_\_
9. If the resort is seasonal, what months is the resort specifically open? \_\_\_\_\_  
a. Average number of guests served? \_\_\_\_\_
10. Do you have reports or information on any incidents in the past? ..... YES  NO   
If yes, do you have loss control or preventive protocols in place to prevent from occurring again? ..... YES  NO   
*If yes, please provide.*
11. Do you currently advertise for the resort? ..... YES  NO   
If yes, what type (TV commercials, print ads, etc.) – please be specific. \_\_\_\_\_
12. Do you have pools/saunas/hot tubs that all guests have access to? ..... YES  NO   
a. How many? \_\_\_\_\_ Pools \_\_\_\_\_ Hot Tubs \_\_\_\_\_ Saunas  
b. Is there a separate filtration for each? ..... YES  NO   
c. Do you or a third party test/treat the water for each system? ..... YES  NO   
(1) If so, how often? \_\_\_\_\_  
(2) Are records maintained? ..... YES  NO   
(3) Administered by a certified pool operator? ..... YES  NO   
If no, by whom? \_\_\_\_\_  
d. Been cited/fined or closed down by any public health authority or civil authority? ..... YES  NO   
e. Had a water borne illness incident resulting in a business interruption? ..... YES  NO   
*If Yes to any of the above, provide complete dates, details, and amount of the loss, if applicable.*
13. Is there a written crisis management plan in effect to counteract catastrophe media coverage for a water borne illness? ..... YES  NO
14. Total Employee Count (all locations): Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**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 as defined in the policy declarations. The named applicant agrees to immediately contact the designated 24-hour crisis management services as defined in the declarations in the event of any actual or potential food borne illness event.

**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 the Insurer, 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 Trade Name Restoration Insurance 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) \_\_\_\_\_ Date \_\_\_\_\_  
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