



Hospitality Restoration

Loss of Business Income and Incident Response Expense Insurance

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

****PREMIUM FINANCING AVAILABLE****

SECTION I – General Information Resort / Hotel Operations

1. Applicant Company Name: _____
Hospitality Trade Name(s): _____
2. Risk/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
Who is the Spokesperson & what is his/her everyday job title? _____
- 13 (a). Total Employee Count (all locations): Full Time: _____ Part Time: _____

SECTION II – Restaurant Operations:

If you would like to include coverage for restaurant operations, please complete Section II. If you wish to decline coverage, initial here. _____

14. Are there any restaurant operations located within the resort? YES NO
a. If yes, how many? _____
b. Type of Operation: Fast Food Casual Dining Fine Dining Buffet
15. Restaurant Trade Name(s): _____
16. Risk/Crisis Management Contact Person: _____
Phone: _____ Fax: _____ E-mail: _____
17. What is the percentage of total food service that is room service (if applicable)? _____
18. Catering Operations:
a. Average number per year? _____
b. Average number of guests served? _____
c. Food revenues derived from catering services? _____
19. Total sales all locations: _____ 20. Number of years in business: _____

21. Average store
- a. Net Income \$ _____ %
 - b. Fixed Expense \$ _____ % (Rent, Debt, Utility, etc.)
 - c. Payroll \$ _____ % (Necessary continuing)
22. Total restaurant sales by category (percentages):
- a. Fountain Drinks _____ %
 - b. Fruit _____ %
 - c. Meat _____ %
 - d. Poultry _____ %
 - e. Seafood _____ %
 - f. Vegetables _____ %
 - g. Produce _____ %
 - h. Dairy _____ %
 - i. Bakery _____ %
 - j. Other _____ %

23. Top 5 food suppliers: _____ Product Supplied:

| | |
|----|----|
| a. | a. |
| b. | b. |
| c. | c. |
| d. | d. |
| e. | e. |

24. a. Average number of meals served per week/per location: _____
 b. Average number of meals served per week/per trade name: _____
 c. Average number of meals served total company: _____
 d. Average dollar (\$\$) value of guest check _____
25. Are all owned or franchised locations required to follow specific written procedures, guidelines, rules and standards as respects:
- a. Food Handling? YES NO
 - b. Hygiene? YES NO
 - c. Cooking Methods? YES NO
26. Are newly hired employees trained in kitchen sanitation practices including:
- a. Equipment sanitation? YES NO
 - b. Cross contamination? YES NO
 - c. Cutting boards? YES NO
 - d. Food temperatures? YES NO
 - e. Storage? YES NO
 - f. Personal hygiene? YES NO
- Is the training required in the Franchise Agreement or left to the option of the franchisee? _____
27. Is there a written crisis management plan in effect to counteract catastrophe media coverage for a food borne illness? YES NO
- Who is the Spokesperson & what is his/her everyday job title? _____
28. During the last five years, has any location:
- d. Experienced an accidental or malicious contamination loss? YES NO
 - e. Been involved with an extortion attempt? YES NO
 - f. Been cited/fined or closed down by any public health authority or civil authority? YES NO
 - g. Had a food 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.*
- e. Is the Board of Directors notified for any of the above "yes" responses? YES NO
- If yes, when? _____
- Do you desire coverage for any prior losses in this policy period? (If yes, provide date of loss and details). YES NO

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 _____