



HOSTEL SUPPLEMENTAL APPLICATION

Please answer all questions. Attach additional sheets if more space is needed.

SECTION I. APPLICANT INFORMATION

1. Proposed Effective Date: _____ To _____
2. Named Insured (full legal name): _____
3. DBA / Trade name(s): _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip Code: _____
6. Contact Name: _____ Phone: _____
7. Email Address: _____ Website: _____
8. FEIN: _____ Year business started: _____ Years of industry experience: _____
9. Type of entity
☐ Individual / sole proprietor ☐ Partnership ☐ Corporation
☐ LLC ☐ Nonprofit ☐ Other

SECTION II. BUSINESS OPERATIONS

10. Describe your operations in detail: _____
11. Additional description: _____
12. Gross revenue - last 12 months: \$ _____ Next 12 months: \$ _____
13. Full-time employees: _____ Part-time employees: _____ Annual payroll: \$ _____
14. Address of each location (attach a list if more than one): _____

SECTION III. STORE / PREMISES

15. Primary premises address: _____
16. City: _____ State: _____ Zip Code: _____
17. Premises are
☐ Owned by applicant ☐ Leased by applicant ☐ Owned - part leased to others
18. Square feet occupied: _____ Year built: _____ Stories: _____
19. Building construction
☐ Frame ☐ Joisted masonry ☐ Non-combustible
☐ Masonry non-combustible ☐ Fire resistive ☐ Other
20. Is the building fully protected by automatic sprinklers? ☐ Yes ☐ No
21. Is there a central-station monitored fire and burglar alarm? ☐ Yes ☐ No
22. Hours of operation: _____ Days open per week: _____

SECTION IV. HOSTEL

23. Number of beds: _____ Number of rooms: _____ % Dorm-style beds: _____
24. Is the front desk staffed 24 hours? ☐ Yes ☐ No



25. Is building access controlled by key card or code? ☐ Yes ☐ No
26. Are individual lockers provided for guests? ☐ Yes ☐ No
27. Is there a guest kitchen? ☐ Yes ☐ No
28. Do you sell or allow alcohol on premises? ☐ Yes ☐ No
29. Maximum stay allowed
- ☐ Under 14 nights ☐ 14 - 30 nights ☐ Over 30 nights

SECTION V. COVERAGE REQUESTED

30. General liability limits (each occurrence / aggregate)
- ☐ \$500K / \$1M ☐ \$1M / \$2M ☐ \$2M / \$4M ☐ Other
31. Building limit (if owned) \$ _____
32. Contents and inventory limit \$ _____
33. Business income limit \$ _____
34. Property deductible
- ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ Other
35. Do you also want crime / employee theft coverage quoted? ☐ Yes ☐ No

SECTION VI. PRIOR INSURANCE

36. List current and prior insurance (last 3 years):
- | Policy Year | Insurance Company | Coverage | Limits | Premium |
|-------------|-------------------|----------|--------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
37. Current policy expiration date: _____

SECTION VII. LOSS HISTORY

38. Any claims, lawsuits, demands or losses in the past 5 years (insured or not)? ☐ Yes ☐ No
- If yes, explain:* _____
39. Has any insurer cancelled, declined or non-renewed coverage for you in the past 3 years? ☐ Yes ☐ No
- If yes, explain:* _____
40. Are you aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
- If yes, explain:* _____
41. List all claims in the past five (5) years (attach currently valued loss runs):
- | Date of Loss | Type of Loss | Description | Amount Paid | Status (O/C) |
|--------------|--------------|-------------|-------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Fraud Warnings:

Please refer to Acord 63 for state specific fraud warnings: This application cannot be considered complete until the signed ACORD 63 fraud warning statement has also been attached.

All Other States: 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 materially false information may be guilty of a criminal offense and may be subject to fines and confinement in prison, and denial of insurance benefits.

WARRANTIES AND REPRESENTATIONS

In submitting this application, the undersigned warrants and represents that:

- a) The information in this application and all attachments is true and complete as of the date submitted;
- b) The insurer may, and is intended to, rely upon such information in determining whether to issue coverage and, if so, at what premium and upon what terms;
- c) Upon any change in circumstances which bears upon the accuracy or completeness of the undersigned's representations herein prior to binding, he/she shall notify the insurer in writing and such notice shall become a part of this application;
- d) The insurer may change the quoted premium and/or the terms of any coverage if, subsequent to the submission of this application, it becomes aware of any such circumstances, whether by notice from the undersigned or otherwise;
- e) The undersigned authorizes the insurer and its agents to obtain information regarding the applicant's prior insurance, claims history, loss runs and, where permitted by law, motor vehicle and credit reports; and
- f) The submission of this application shall not bind the insurer or its agents to the issuance of insurance coverage, nor shall it bind the undersigned to accept insurance coverage.

Applicant Name (Required)	Applicant Signature (Required)	Title (Required)	Date (Required)
Applicant Phone (Required)	Applicant Email (Required)		
Producer Name (Required)	Producer Signature (Required)	Date (Required)	
Producer Phone (Required)	Producer Email (Required)	State License # (Required)	Producer NPN (Required)
Societies Insurance Agency NPN 16247324			
Producing Agency			