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Assault & Battery Supplemental Application

- 1. Do you comply with all applicable laws and codes concerning security? YES NO
- 2. Are all guestroom doors equipped with deadbolt locks? YES NO
- 3. Are all guest room doors equipped with reprogrammable door locks? YES NO
- 4. Whether operated by the applicant or not, is there a restaurant or bar on premises where alcohol sales exceed 30% of the total sales? YES NO
- 5. Do you have formal written procedures regarding guest safety? YES NO
- 6. Do those written procedures include the following:
 - a. When room keys are provided to employees? YES NO
 - b. Reprogramming of room door locks upon departure of a guest? YES NO
 - c. Providing room keys only to registered guests? YES NO
 - d. Requiring proper identification of individual prior to giving room key? YES NO
 - e. Prohibit the giving of 'master' keys? YES NO
 - f. Prohibit giving room numbers verbally? YES NO
 - g. Prohibit giving room numbers of guests over phone? YES NO
 - h. Prohibit the confirming or denying whether an individual is staying at the property? YES NO
 - i. Require immediate call to police upon being notified a guest is in need of help or may be in danger? YES NO
 - j. Require written documentation of any incident involving guest safety? YES NO

FRAUD STATEMENT: 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 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 AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STAT-ED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

THE STATE OF NEW YORK REQUIRES THAT WE HAVE THE NAME AND ADDRESS OF YOUR (INSURED'S) AUTHORIZED AGENT OR BROKER.
NAME OF AUTHORIZED AGENT OR BROKER: _____
ADDRESS: _____
MAIL COMPLETED
APPLICATION THROUGH
LOCAL AGENT OR BROKER TO:

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this would materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Signature of Applicant* _____ Title _____ Date _____
(Must be Owner, Officer or Partner) (Required) (Required)

*SIGNING THIS APPLICATION DOES NOT REQUIRE THE INSURER TO ISSUE A POLICY OF INSURANCE OR REQUIRE THE APPLICANT TO ACCEPT THE INSURANCE OFFERED