



**Bed Bug (Cimex Lectularius/Cimex Hemipterus)
Infestation Recovery Insurance™**

*Professional Liability Insurance Services, Inc.® -
Wholesale Division
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Kennesaw, GA 30144
Phone: 800-713-9473, 770-427-9577
Fax: 770-427-5218
Website: www.pliswholesale.com
Email: broker@pliswholesale.com*

General Information:

- 1. Company Name: _____
Main/Mailing Address: _____
- 2. Crisis Management Contact: _____
Phone: _____ Fax: _____ E-Mail: _____

Locations:

U.S. Locations:

3.	State	No. of Locations

- 4. Does the applicant have international locations? Yes No
If yes, please provide listing by country.

Revenues/Rooms:

- 5. Total Gross Revenues for **Room Rentals**: All Locations: _____
Largest Location: _____
Total Room #s - All Locations by Average Daily Rate:
\$100 – \$250: _____ \$501 – \$1000: _____
\$251 – \$500: _____ \$1001+: _____

Prior Incidents/Loss History: (If “Yes” to any of the below questions, please provide details)

- 6. 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? Yes No
- 7. In the past five (5) years has the applicant experienced:

- a. A Bed Bug (Cimex Lectularius/Cimex Hemipterus) infestation? Yes No
- b. Loss of revenue due to a bed bug (cimiciade) infestation? Yes No
- c. Been cited, fined or closed down by any public health authority or civil authority? Yes No

Crisis Management:

- 8. Is there a crisis management plan in effect for Bed Bug (Cimex Lectularius/Cimex Hemipterus) events? Yes No
 Name of Spokesperson: _____ Title: _____
- 9. Are there loss controls in place to prevent Bed Bug (Cimex Lectularius/Cimex Hemipterus) infestations? Yes No
 Details: _____
- 10. Does the applicant have regular pest control services at each location? Yes No
 - a. What pest control company provides these services? _____
 - b. How often are services provided? _____

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.

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 Bed Bug (Cimex Lectularius/Cimex Hemipterus) 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 Bed Bug (Cimex Lectularius/Cimex Hemipterus) Infestation 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

Operation Details – Please complete for each location

<i>Location:</i>	<i>Total # of Rooms by Average Daily Rates:</i>		<i>Peak Season Occupancy %:</i>	<i>Low Season Occupancy %:</i>
	\$100 – \$250:			
	\$251 – \$500:			
	\$501 – \$1000:			
	\$1001+:			
	\$100 – \$250:			
	\$251 – \$500:			
	\$501 – \$1000:			
	\$1001+:			
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	\$1001+:			

	\$1001+:			
	\$100 – \$250:			
	\$251 – \$500:			
	\$501 – \$1000:			
	\$1001+:			