

# POLLUTION INSURANCE APPLICATION



**1. ENTITY NAME:**

(Parent Franchisee) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Applicant Type: \_\_\_\_\_

Other: \_\_\_\_\_

Coverage Effective Date \_\_\_\_\_

**2. STATEMENT OF VALUES:**

CHOICE PROPERTY CODE	LOCATION ADDRESS	CONSTRUCTION TYPE	# OF ROOMS	# OF STORIES	YEAR BUILT	YEAR RENOVATED	AGE OF ROOF

**YES NO**

- In the last 5 years, has there been any physical damage to this hotel property arising from water intrusion (unwanted movement of water such as a leaking roof, leaking pipes, sewer or drain backup, storm damage, etc.) that exceeded \$25,000 for a single water intrusion event?
  - If yes, have repairs been completed to prevent further damage?
- In the last 5 years, has the hotel property incurred any costs to remove mold that exceeded \$25,000?
  - If yes, have repairs been completed to prevent further damage?
- Has Legionella bacteria been discovered at this hotel property in the last 5 years?
  - If yes, have repairs been completed to prevent further damage?
- In the last year, has a hotel guest(s) reported seeking medical treatment due to experiencing illness from atmospheric emissions (e.g., foul odor from mold, toxic fumes from paint, etc.) at this hotel property?
  - If yes, was the source of the atmospheric emissions identified and eliminated to prevent further injury?
- Does this hotel property have procedures in place to respond to water intrusion (unwanted movement of water such as leaking roof, leaking piping, sewer or drain backup, storm damage, etc.)
- Is there any ongoing or anticipated remediation at this hotel property (including mold remediation) that is expected to exceed \$25,000?

[Click to clear form.](#)

Once complete, email to: [harrison.haydock@imacorp.com](mailto:harrison.haydock@imacorp.com)



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