

**CANOPY, HILTON, DOUBLE TREE, EMBASSY SUITES, HILTON GRAND VACATIONS, MOTTO, TAPESTRY, TEMPO
HILTON WORLDWIDE – 2 - FULL SERVICE FRANCHISED - REQUIREMENTS**

DOMESTIC ONLY

Certificate of Insurance

NAME AND ADDRESS OF AGENCY: Fax and E-Mail	COMPANIES AFFORDING COVERAGES <hr/> INSURANCE COMPANY'S DESIGNATED MUST HAVE A MINIMUM OF A- VII AM BEST RATING
NAME AND ADDRESS OF INSURED: Insured Address City, State, Zip	COMPANY A Must List All Carriers/Insurers (A-/VII Required) COMPANY B Must List WC/EL Insurers (B++/VII Required) COMPANY C COMPANY D COMPANY E

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by the policies listed on this certificate of insurance.

CO. LTR	TYPE OF INSURANCE	ADDL INSR	W OS	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS OF LIABILITY	
							(Below Limits are required minimums)	
	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> Occurrence (REQUIRED) <input type="checkbox"/> Gen'l Aggregate Limit Applies: <input checked="" type="checkbox"/> Per Location	Y	Y	REQ.	REQUIRED	REQUIRED	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE DAMAGE RENTED PREMISES MED. EXP. (Any one person)	\$15,000,000 \$15,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		REQ.	REQUIRED	REQUIRED	BODILY INJURY & PROPERTY DAMAGE BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$15,000,000
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> Occurrence	Y					EACH OCCURRENCE AGGREGATE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	N/A		REQ.	REQUIRED	REQUIRED	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - POLICY LIMIT E.L. DISEASE - EACH EMPLOYEE	\$1,000,000 \$1,000,000 \$1,000,000
	PROPERTY INSURANCE <input checked="" type="checkbox"/> All Risks (Special) <input checked="" type="checkbox"/> Terrorism (BI, Building, Contents) <input checked="" type="checkbox"/> Business Income <input checked="" type="checkbox"/> Boiler & Machinery <input checked="" type="checkbox"/> Property - Building <input checked="" type="checkbox"/> Property - Contents	BI - Y		REQ.	REQUIRED	REQUIRED	AMOUNT	100% Building & Contents
	Liquor Liability - Y GL - Terrorism - Y Crime / Employee Dishonesty - Y Worldwide Jurisdiction - Y Cyber Liability - Y	N/A	N/A	REQ.	REQUIRED	REQUIRED	No specific amount for Crime is required Cyber - \$3,500,000 per claim (only for non-Hilton system platforms)	

SPECIAL PROVISIONS:

- Additional Insured Entity Required: **With the exception of Commercial Property, Boiler & Machinery & WC, all policies obtained by Franchisee/Owner must name the Franchisee/Owner as named insured and must name Hilton Worldwide Holdings Inc. and its owners, subsidiaries and affiliates now or hereafter existing as additional insured including their employees, officers and directors.**
- Coverage must indicate Primary & Non-Contributory
- AUTO Acceptable Configurations: (i) Any-Auto (ii) All+Hired+Non (iii) Sched+Hired+Non
- Garagekeepers' liability required unless Property has no parking operations
- EX can be combined w/ GL & Auto policies if provided. Assume Follow Form. Need specifically stated if EX covers EL

CERTIFICATE HOLDER: Hilton Worldwide Holdings Inc. 7930 Jones Branch Drive McLean, VA 22102	CANCELLATION: ACORD Language <hr/> AUTHORIZED SIGNATURE: MUST BE SIGNED Email: _____ <hr/> Fax: 1-866-277-8529 Email: hilton@bcsops.com
---	---



INSURANCE CHECKLIST – FRANCHISE HOTELS (US)

CANOPY, HILTON, DOUBLE TREE, EMBASSY SUITES, HILTON GRAND VACATIONS, MOTTO, TAPESTRY, TEMPO, CONRAD, CURIO, LXR, SIGNIA, WALDORF ASTORIA

INSURANCE REQUIRED DURING OPERATIONS

Location Name (including Brand) _____
 Full Address of Location _____

REQUIREMENTS

COMPLIANT
 YES NO N/A

GENERAL LIABILITY			
▪ \$15,000,000 per occurrence			
▪ Aggregate limits apply per location (CG2504 or broader)			
▪ Innkeepers liability – per statutory requirements			
▪ Liquor liability (if hotel serves/sells alcoholic beverages)			
▪ Contractual liability			
▪ Independent contractors			
▪ Premises/operations coverage			
▪ Products/Completed operations coverage			
▪ Worldwide Jurisdiction (per CG2422 10/01 or broader)			
▪ Named Perils Pollution coverage (per CG2165 or equivalent)			
▪ Terrorism			

AUTOMOBILE LIABILITY			
▪ \$15,000,000 per occurrence CSL			
▪ Aggregate limits apply per location			
▪ Garagekeepers (if hotel includes parking operations)			

WORKERS COMPENSATION			
▪ Workers Compensation coverage in compliance with local law			
▪ Employers Liability coverage \$1M/\$1M/\$1M			
▪ If EL limits are satisfied through use of the Umbrella/Excess Liability, does your certificate of insurance clearly indicate that the Umbrella/Excess Liability affords coverage for Employers Liability?			
▪ If insured through a State Fund, Stop Gap or equivalent coverage must be purchased in an amount no less than \$1,000,000 limit per occurrence			
▪ If a qualified Self-Insurer, excess Workers Compensation and Employers Liability must be purchased in an amount no less than \$1,000,000 per occurrence			
▪ If the hotel participates as a Non-Subscriber (e.g., TX and OK) participation must be evidenced by submitting to the Brand a copy of the Employers Notice of No Coverage or Termination of Coverage and an ERISA-compliant Occupational Injury Benefit Plan that covers substantially the same work-related injuries as WC. Non-Subscribers must carry EL with limits of no less than \$5M.			

REQUIREMENTS

**COMPLIANT
YES NO N/A**

EMPLOYMENT PRACTICES LIABILITY (EPLI)			
▪ \$1,000,000 per claim			

CYBER LIABILITY			
▪ \$3,500,000 per claim (only for non-Hilton system platforms)			

COMMERCIAL PROPERTY			
▪ Building covered at 100% replacement cost			
▪ Contents covered at 100% replacement cost			
▪ Business income limit adequate to cover full recovery of the net profits and continuing expenses of the Hotel (including rental income) for a 12 month period			
▪ Continuing expenses specifically include license fees and/or other fees payable to Brand			
▪ Special/All Risks coverage form			
▪ Peril of windstorm included			
▪ Building ordinance coverages included			
▪ Flood coverage included			
▪ Flood Zone verified (please provide copy of flood zone determination)			
▪ Flood Zone (please provide location's flood zone) _____			
▪ Earthquake coverage included			
▪ Earthquake Zone (please provide location's earthquake zone) _____			
▪ Terrorism coverage on Building, Contents and Business Income			

BOILER & MACHINERY			
▪ Broad form coverage included at 100% replacement value			
▪ Coverage includes Business Interruption			

CRIME COVERAGE			
▪ Limit commensurate with risk – to include:			
▪ Employee Dishonesty			
▪ Forgery & Alteration			
▪ Money & Securities			
▪ Money & Securities (outside)			
▪ Computer Fraud			
▪ Counterfeit paper currency			

WATERCRAFT COVERAGE – if exposure present (limit commensurate with risk)			
---	--	--	--

AIRCRAFT COVERAGE - if exposure present (limit commensurate with risk)			
---	--	--	--

REQUIREMENTS

COMPLIANT
YES NO N/A

GENERAL REQUIREMENTS

<ul style="list-style-type: none"> ▪ Add as additional insured “Hilton Worldwide Holdings Inc. and its subsidiaries and affiliates (including their respective directors, officers and employees), now or hereafter existing” on the General Liability, Auto Liability and as Loss Payee or Additional Insured on the Business Interruption (form CG2029 11/85, CG2010 11/85 or broader for operations or CG2010 11/85 for construction and renovation) 			
<ul style="list-style-type: none"> ▪ Insurance companies are rated A-VII or higher by A.M. Best Company 			
<ul style="list-style-type: none"> ▪ Policies are endorsed to be primary insurance with no recourse to or contribution from any other similar insurance, if any, carried by Hilton Worldwide Holdings Inc., its owners, subsidiaries, and affiliates now or hereafter existing 			
<ul style="list-style-type: none"> ▪ Certificate(s) and/or Evidence of insurance, completed Checklist and additional insured endorsements have been submitted via email to Hilton@BCSops.com or via fax to (866) 277-8529 			
<ul style="list-style-type: none"> ▪ Certificate Holder: Hilton Worldwide Holdings Inc. 7930 Jones Branch Drive, McLean, VA 22102 			

As designated representative of location’s Owner, or licensed agent/broker for the insurance policies noted above, I affirm and attest that this Checklist is an accurate representation of insurance maintained on behalf of the above-named location.

 Printed Name Signature Date

If completed by Insurance Agent/Broker:

Name of Agency/Brokerage: _____
 and Broker License Number: _____
 Address: _____

