



INSURANCE CHECKLIST – FRANCHISE HOTELS

INSURANCE REQUIRED DURING OPERATIONS – HOTELS OUTSIDE U.S.A.

Location Name (including Brand) & Facility ID # _____

Full Address of Location _____

REQUIREMENTS

COMPLIANT
YES NO N/A

PUBLIC LIABILITY			
▪ Hotel <u>must</u> participate in Hilton Worldwide’s Global Program	X		
AUTO/MOTOR LIABILITY			
▪ Liability insurance in compliance with local law/regulations			
▪ Limit – as required by local law subject to a USD \$25,000 minimum			
OCCUPATIONAL INJURY SCHEME			
▪ Occupational Injury Scheme in compliance with local law/regulations			
▪ Employers Liability insurance			
▪ USD \$1,000,000 per occurrence or such limits as required by local law or custom			
COMMERCIAL PROPERTY			
▪ Building insured at 100% replacement cost			
▪ Contents insured at 100% replacement cost			
▪ Special/All Risks insurance form			
▪ Windstorm insurance included			
▪ Building ordinance insurance included			
▪ Flood insurance included			
▪ Earthquake insurance included			
▪ Terrorism insurance included			
BUSINESS INTERRUPTION			
▪ 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			
▪ Terrorism insurance included			
BOILER & MACHINERY			
▪ Broad form insurance included at 100% replacement value (including boilers, air conditioning systems, refrigeration and heating apparatus, pressure vessels and pressure pipes)			
▪ Insurance includes Business Interruption			

REQUIREMENTS

COMPLIANT
YES NO N/A

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)			
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AIRCRAFT COVERAGE – if exposure present (limit commensurate with risk)			
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GENERAL REQUIREMENTS

▪ Add as additional insured <i>“Hilton Worldwide Holdings Inc. and its subsidiaries and affiliates (including their respective directors, officers and employees), now or hereafter existing”</i> on the Business Interruption policy			
▪ 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			
▪ Certificate(s) and/or Evidence of insurance, completed Checklist have been submitted via email to hiltoninternational@bcsops.com or via fax to (866) 277-8529			
▪ 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: _____

INSURANCE POLICY INFORMATION – FRANCHISE HOTELS

INSURANCE REQUIRED DURING OPERATIONS – HOTELS OUTSIDE U.S.A.

Please have your insurance company or insurance broker complete the attached form and sign

Location Name (including Brand) _____

Full Address of Location _____

Policy Coverage **Policy Number** **Expiration Date** **Amount of Coverage**

(Format: DD/MM/YYYY)

Public Liability Hotel must participate in Hilton Worldwide’s Global Program

Auto Liability _____

****If there are No Owned Automobiles for the Hotel please write that in above**

Excess Liability _____

Employers Liability _____

Workers Compensation _____

Crime/Employee Theft _____

Property/Building _____

Business Interruption _____

HILTON INSURANCE PROGRAM

▪ **We do not need to see proof of coverage for Policies under a Hilton Insurance Program**

Printed Name: _____

Signature: _____

Date: _____