



Inability to Attend: Hotel Guest Cancellation Insurance

powered by **RAINPROTECTION.INSURANCE**
WHERE YOUR HOTEL RESERVATIONS GET INSURED

beazley

When complete please submit applications to:
sales@rainprotection.net
(800)528-7975

INABILITY TO ATTEND: HOTELS GUEST RESERVATION REFUND INSURANCE POLICY APPLICATION

1. Insured (Hotel Owner) Details:

Name of Insured: _____

Address: _____

2. Policy Period (Annual)

Start Date: _____

End Date: _____

3. Over the policy period to be insured, what percentage of bookings have been canceled 48 hours prior to guests arriving?:

4. Has this percentage been consistent over the past 5 years? Yes No

- If no, please provide further details of reasons for change, including percentages per year:

5. Room Bookings:

A) Approximate number of rooms booked (reservations) during policy period: _____

B) Average price for each room booked: _____

1) Total limit to be insured (A x B): _____

*Please note the maximum claim amount offered under this policy is 2 nights stay per booking.

2) Maximum price for a room: _____

3) Average number of nights per booking: _____



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6. Please confirm that we are only insuring guest cancellations that are booked directly on your website and not through an OTA?

Yes, I confirm.

NOTE:

It is advantageous to motivate guests to book directly on your website by offering the insurance only on your website. This could help reclaim/capture more online bookings from OTA's.

7. Cancellations are allowed with no penalty up until how many days prior to arrival?

- 1 Day 2 Days
- 3 Days Other

8. Your current cancellation policy:

- A) The fee you charge is for:
- | | |
|---------------|---------------|
| 1 Nights Room | 2 Nights Room |
| 3 Nights Room | Other |

B) Do you collect a tax on the fee? Yes No

- If yes, what is the tax? _____
(we assume this is still payable to the relevant state if the room booking is cancelled)

9. Please provide a copy of the cancellation provisions for your hotel written below or attached separately:

10. Please click Yes to request to Bind Coverage and move forward with this Program: Yes



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DECLARATION:

Following all due enquiries with and by the Insured I can confirm that to the best of the Insured(s) knowledge and belief the information provided in connection with this proposal is true and the Insured has disclosed any and all material facts. The Insured understands:

a material fact is one likely to influence a reasonable underwriter in determining (a) whether or not to accept the risk; and/or (b) the level of the premium; and/or (c) the terms, conditions and limitations of the certificate. If you are in any doubt as to what constitutes a material fact then please tick no.

Yes No

Any Additional Information:

SIGNATURE SECTION:

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OF KNOWINGLY PROVIDES FALSE INFORMATIONAL IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. I CERTIFY THAT THEY ABOVE INFORMATIONA IS TRUE AND COVERAGE IS NOT APPLICABLE UNTIL ACCEPTED BY RAINPROTECTION INSURANCE.

I am the Applicant and I choose to use an Electronic Signature by Clicking: Yes

BELOW IS FOR BROKER:

If this Application is completed in Florida, please provide the Insurance Agent's name and license number as designated. If this Application is completed in Iowa or New Hampshire, please provide the Insurance Agent's name and signature only.

Effective Date Requested for this Insurance: _____

Name of Insurance Agent

Authorized Representative

License Identification No.