



CASUALTY RISK SOLUTIONS

ACCOMMODATION SHARING APPLICATION FORM

an AVENTUM Group company

www.consiliumbroking.com

1. Name, address and website URL of the company to be insured:

Name:

Address:

Website:

2. When were you established and how many years of full operations?

If in operation for less than 3 years, please provide funding information.

3. What percentage split of the rentals are from commercial operations as opposed to individuals renting out their home/second home?

- a) Where the rentals are from commercial operations, what contracts are in place with those companies - is there a requirement for insurance to be held?

4. What percentage of rented properties have hosts resident and what percentage have hosts that are non-resident?**5. Are there any territories where the platform won't allow properties to be listed?** YES NO**6. Please can we have the minimum vetting criteria for accepting properties on the platform?
Are there any properties that the platform won't allow to be listed?**

7. What percentage of rented properties have access to the following facilities:

Gyms

Balconies

Swimming Pools

8. Which provider carries out ID verification and Background checks?

- Please can we have details of what checks are carried out
- What is the minimum criteria for accepting hosts and guests?
- What are the platform's indemnification rights against the provider?
- Are these checks done on a national and state level?

9. Is there a rating scheme in place?

YES

NO

If yes, how does this work? Is it used to remove poorly performing members?

10. Is there a minimum age to use the platform?

YES

NO

11. How does the platform monitor and control potential Hired and Non Owned Auto exposures?**12. In the event of extreme weather, what protocols does the platform have in place?****13. In the event of a circumstance leading to a potential claim, what is the process for handling this?****14. How do you handle potential carbon monoxide exposure in properties? Are there any procedures (e.g. providing or checking that there are Carbon Monoxide Detectors in the properties)?**

- 15. Are there any procedures for checking that there are fire and smoke alarms in the properties?** YES NO

If so what percentage of properties have these?

- 16. Do you currently purchase insurance?** YES NO

If so, what are the coverages (e.g. Platform only or Platform & Host, General Liability/ Hired Non-Owned Auto/ Owned Auto), limits, retentions, carriers and expiring premiums?

- 17. Going forward, what insurance are you looking for in terms of coverage** (e.g. Owned Auto, General Liability, Hired Non-Owned Auto), limits and retentions?

18. Please provide the following documentation:

- Please complete the attached data request spreadsheet including:
 - Historical exposures since beginning of operations (if applicable)
 - Projection for next 12 months
- Loss history since platform went operational
 - Valued in the last 3 months
 - Confirmation that loss runs attached are Ground up (gross of deductible) and uncapped
 - Including detailed narrative for any claims >\$25k incurred value
- Terms of Service
- Contractual documentation between the platform and (commercial) home owners

Signed:

Name:

Position:

Date:



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