



CASUALTY RISK SOLUTIONS

ACCOMMODATION SHARING APPLICATION FORM

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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