

APPLICATION :
PEACE OF MIND COVERAGE
A Limited Damage Waiver

Name of Company: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contact Name: _____

1. List all properties, including location and brief description: _____

2. List reservation locations if more than the one noted above: _____

3. Percentage of stays at which locations: (i.e.: 40% beach/ 60%mountain): _____

4. Demographics of guests:
Avg. age of guests: _____
% of singles : _____
% Couples: _____
% Families: _____
Avg. income level: _____

5. Average night stay: _____
Avg. # of guests per reservation: _____
Avg. # of units/houses available for rent per year: _____
Avg. cost per rental property per week: _____
Age requirement to rent if any: _____
Areas where most guests are from: _____
Avg.# of reservations per year: _____

6. Loss history- experience with security deposit, breakage, how much refunded:

7. Include brochures, catalog, flyers..... of properties, procedures....

Program to be sold as per following:

Voluntary in lieu of security deposit - Reservation/group/person has the option to choose the non-refundable peace of mind coverage fee rather than put up a refundable security deposit.

Signature: _____

Remit to: MDM Group Associates
12129 Forest St.

Print Name: _____

Thornton, Colorado 80241

Date: _____

Or Fax to: 303.252.1313