



Hotel / Motel Quick Application

Property: Roof 15 years or newer with updates to electrical, plumbing and HVAC within the past 30 years. Frame & Joisted Masonry must have sprinkler system / MNC, Fire Resistive is ok with or without sprinkler system. Min. annual occupancy rate 50% / Min. average daily rate \$50.

SIU Producer #: _____

Name of Business DBA: _____

Corporation Name: _____ Effective Date: _____

Owner Name: _____ Phone: _____

Inspection Contact: _____ Phone: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Insured is: Corporation Partnership Individual LLC

No. of Years in Business: _____ Years Experience in this Industry: _____

Any bankruptcies or foreclosures in the last 5 years? Yes No Occupancy Rate-%: _____

Every Room Connected with hard wire Smoke Detector: Yes No Avg Daily Rate-\$: _____

This Hotel/Motel has sprinkler system in Every Room: Yes No Offer any daily rates? Yes No

Do you have Inside Lobby: Yes No If yes, is lobby area attended 24/7? Yes No

Total Annual Gross Receipts/Sales: \$ _____ Total # of Employees: _____ # of Rooms: _____

Any renovations/remodeling work or plans for renovation/remodeling work? Yes No

Do you contract/employ armed security? Yes No Any extended stay (monthly)? Yes No

Property Section

Type of Business: Exterior Entry Interior Entry Rooms with Kitchens

Construction: Frame Joisted Masonry Non-Combust Masonry Non-Combust

Year Built: _____ Square Feet: _____ No. Stories: _____

Inside or Outside City Limits? _____ Protection Class: _____

Year Wiring Updated/installed: _____ Year Plumbing Updated/installed: _____

Year Heating Updated/installed: _____ Year Roof Updated/installed: _____

Sprinkler system throughout entire structure? Yes No In Force Service Contract Yes No

Burglar Alarm Type: Local Central Direct None

Fire Alarm Type Local Central Direct Hardwire Battery None

Is there a Restaurant: Yes No Attached Detached If yes, Revenue\$ _____

Restaurant is: Owned Leased Sq feet: _____ Hours of Operation: _____

Type of cooking on premises: Fryer Microwave Hot Plates Grill

Do All Cooking surfaces have functioning Automatic Extinguishing System? Yes No NA

Type of Automatic Fire Suppression System. Wet Dry NA UL-300 approved? Yes No

Fire suppression system & hood/duct with semi-annual maint/clean contract? Yes No NA

Live Entertainment provided: Yes No If yes, explain: _____

Is there a Swimming Pool: Yes No If yes, Hours of operation: _____

Self Locking Gates: Yes No Safety Signage & Equipment: Yes No

Distance between All Structures on the Property: _____

Property Limits/Coverage

Coverage	Co-Ins	Deductible	Cause of Loss	Valuation	Limits
Building-1:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP-1:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
Building-2:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____
BPP-2:	_____ %	\$ _____			\$ _____
BI:	_____ %	\$ _____		<input checked="" type="checkbox"/> ML	\$ _____

Sign: (Describe) _____ \$ _____

Crime Coverage: Employee Dishonesty \$ _____ Money & Security \$ _____ Ded \$ _____

Equipment Breakdown Coverage Desired? Yes No Spoilage Limit: _____ Ded \$ 500

Liability Limits (per Occurrence)

Each Occurrence \$ _____

General Aggregate (other than Products/Completed Operations) \$ _____

Products & Completed Operations Aggregate \$ _____

Personal & Advertizing Injury (Any one person or organization) \$ _____

Damage to Premises Rented to You (Any one Premises) \$ _____

Medical Expense (Any One Person) \$ _____

Liquor Liability needed? Yes No If yes, Limits Desired : \$ _____

Umbrella policy needed ? Yes No If yes, Limits Desired : \$ _____ # Rooms: _____

Mortgagee: _____

Additional Insured: _____

Loss History

Current Carrier: _____ Policy Expiration Date: _____

Any Property and or Liability Losses: Yes No If yes, explain below;

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

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Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____

Annual Cost of Hire: _____ No. of Drivers: _____

Owned Autos

Liability Coverage? Yes No Physical Damage Coverage? Yes No

Year	Make	Model	VIN #	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Drivers Name	Date of Birth	Drivers License Number
_____	_____	_____
_____	_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____



Pool Questionnaire

SWIMMING POOLS – PROHIBITED CIRCUMSTANCES

If any of the questions below are answered "NO," this risk is not eligible for coverage.

- 1 Are "Swim at Your Own Risk" signs posted in all pool areas? Yes No
- 2 Are depth markings clearly posted on the edges of the pool? Yes No
- 3 Are "No Diving" signs clearly indicated at the shallow areas of the pool? Yes No
- 4 Is there fencing or barriers surrounding the pool area? Yes No
- 5 Is the height of the fence or barrier at least 4 feet? Yes No
- 6 Are there self-closing and latching gates to the pool area? Yes No
- 7 If lifeguards are present, are all lifeguards certified? Yes No
- 8 If no lifeguards are present, are signs posted stating "NO Lifeguard on duty" Yes No
- 9 Is life saving equipment available at all times, even when pool is closed? Yes No
- 10 Are surfaces surrounding the pool made of non-slip or skid resistant material? Yes No
- 11 Are all pool chemicals locked in a secure area inaccessible to participants? Yes No

SWIMMING POOLS – GENERAL INFORMATION

- 1 Total number of pools? _____
- 2 Total number of hot tubs/spas? _____
- 3 Is pool cover installed during off season? Yes No
- 4 Is the pool electrical system protected by *GFIC* breakers? Yes No
- 4 Has the pools electrical system been inspected by a licensed electrical within the last three years? Yes No
- 5 Are there water slides? Yes No
- 6 Is the swimming pool open later than 10 PM? Yes No
- 7 Is the pool available for use less than 6 months of the year? Yes No
- 8 Do you have any diving boards or platforms taller than 3 feet (or 1 meter)? Yes No
- 9 Are there any Lakes-Beaches-Ponds... Yes No

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date