



Hotel And Motel Insurance Application

1. **Applicant's Name:** _____

(First Named Applicant is responsible for premium payment, cancellation and changes—refer to policy wording.)

2. **Mailing Address:** _____

3. **Applicant is:** Individual Joint Venture LLC
 Organization (incl. Corporation) Partnership Trust

4. **Other applicants:** _____

Relationship to the First Named Applicant: _____

5. **Contact Name:** _____ **Phone No.:** _____ **Fax No.:** _____

E-mail address: _____ **Web site address:** _____

6. **Proposed Effective Date:** **From:** _____ **To:** _____

12:01 A.M. Standard Time at the Applicant's mailing address shown above.

7. **Property Location Information:**

Loc. No.	Street Address	City	County	State	Zip Code

8. **Loss Information:**

Have there been any losses in the last five years?..... Yes No

If yes, list all below.

Year	Carrier	Policy No.	Incurred Losses	Description of Loss

Hard Copy Loss Runs for the past three years are required. If no insurance, please state—no insurance.

9. **Additional Interests: Type: Mortgagor (M), Additional Insured (AI), or Loss Payee (LP):**

Type	Name	Address	City	State	Zip Code

10. Coverages

Property (a schedule of buildings may be attached in lieu of completing the schedule below).

Loc. No.	Bldg No.	Coverage	Limit of Insurance	ACV, RC or Agreed	Co-Ins.	Constr. Class.	PC	Deductible

Optional Exclusions: Theft Vandalism Windstorm/Hail

11. General Liability Limits:

Per Occurrence:.....\$ _____

Per Aggregate:.....\$ _____

Medical Payments: \$5,000 \$10,000
 Fire Damage Legal Liability: \$100,000 \$300,000 \$500,000
 Hired and Non-Owned Liability: Exclude Include
 Employee Benefits Liability: Exclude Include
 Wake-Up Call Liability: Exclude Include

Liquor Liability Coverage:

Each Common Cause:.....\$ _____

Aggregate:.....\$ _____

12. Coverage Extensions:

The following coverages are provided without additional charge at the limit indicated. For higher limits please indicate desired limit in space below.

Coverage	Limit Provided	Desired Limit
Accounts Receivables	\$ 25,000	\$
Animal Damage	\$ 2,500	\$
Auto Fire System Recharge	\$ 2,500	\$
Computer Fraud	\$ 10,000	\$
Consequential Loss	\$ 5,000	\$
Cost to Reprogram Key System	\$ 25,000	\$
Debris Removal	\$ 15,000	\$
Electronic Data	\$ 10,000	\$
Employee Dishonesty	\$ 10,000	\$
Fine Arts	\$ 10,000	\$
FD Service Charge	\$ 15,000	\$
Fire Extinguisher Recharge	\$ 2,500	\$
Forgery and Alteration	\$ 10,000	\$
Guest Emergency Evacuation	\$ 10,000	\$

Coverage	Limit Provided	Desired Limit
Guest Property on Premises	\$ 1,000 \$ 10,000	\$
Guest Relocation	\$ 500 \$ 10,000	\$
Key Replacement	\$ 5,000	\$
Loss Settlement Expense	\$ 2,500	\$
Money Orders and Counterfeit	\$ 5,000	\$
Money and Securities—Inside	\$ 5,000	\$
Money and Securities—Outside	\$ 5,000	\$
Newly Acquired Building	\$250,000	\$
Newly Acquired BPP	\$100,000	\$
Non-Owned Trailer	\$ 5,000	\$
Ordinance or Law—A, B and C	\$ 25,000	\$
Off Premises Utility Failure	\$ 10,000	\$
Outdoor Property Including Signs	\$ 10,000	\$
Personal Effects	\$ 10,000	\$
Property Off Premises	\$ 10,000	\$
Reward	\$ 5,000	\$
Sewer Back Up	\$ 10,000	\$
Spoilage	\$ 10,000	\$
Tenant Relocating Expense	\$ 10,000	\$
Valuable Papers	\$ 25,000	\$

13. Business Income Extensions

The following coverages are provided without additional charge at the limit indicated. For higher limits please indicate desired limit in space below.

Coverage	Limit Provided	Desired Limit
Food Contamination	\$ 5,000	\$
Loss Of Reservation Systems	\$ 10,000	\$
Special Event Hotel	\$ 5,000	\$
Tenant Lease Coverage	\$ 5,000	\$

14. Underwriting Information

Operation Information:

Number of Guest Rooms:..... _____

Occupancy Ratio:..... _____

Average Daily Room Rate:..... _____

Number of Years in Business:..... _____

Number of Full-Time Employees:..... _____

Number of Part-Time Employees:..... _____

Square Footage:..... _____

Number of Months opened annually:..... _____

Do you have hourly rates?..... Yes No
 Do you have weekly rates?..... Yes No
 Do you have monthly rates?..... Yes No

If yes, what is maximum length of stay permitted? _____

If yes, type of clientele (i.e, seasonal, construction, etc): _____

Banquet Facilities?..... Yes No
 Playground?..... Yes No
 Basketball/Tennis Courts?..... Yes No Restaurant?..... Yes No
 Day Care?..... Yes No Saddle Animals/Rodeos?..... Yes No
 Fitness Center?..... Yes No Spa?..... Yes No
 Game Room?..... Yes No Swimming Pool?..... Yes No
 Lounge?..... Yes No

Service Information	Receipts
Banquets	\$
Hotel	\$
Liquor	\$
Restaurant	\$
Other:	\$
Total	\$

Management Personnel:

Name	Age	Length of Employment	Years with Restaurant	Years Experience

15. Additional General Liability Underwriting Information

- a. Has any policy been cancelled or non-renewed in the last three years?..... Yes No
 If yes, for what reason? _____
- b. Are there any guard dogs on the premises?..... Yes No
- c. Are firearms kept for protection on the premises?..... Yes No
- d. Are there are any operations other than yours taking place on the premises?..... Yes No
- e. Indicate receipts level from prior year:
 Same Up <20% Down <20% Up >20% Down >20%
- f. Do you lease any part of the building to others?..... Yes No
 If yes, how many square feet? _____
 Describe tenants: _____
- Do you obtain hold-harmless agreements and are you added as AI?..... Yes No
- g. Do you offer valet parking or shuttle service?..... Yes No
 If yes, is it handled by your employees?..... Yes No
 If yes, do you check the MVRs for these employees?..... Yes No
- h. Do you perform criminal background checks on all employees?..... Yes No
- i. How many times have the authorities been called to your premises in the past five years? _____
 Describe reason: _____
- j. Do tubs and showers have non-slip surfaces?..... Yes No

- k. Do tubs and showers have grab bars?..... Yes No
- l. Do guest rooms have peepholes?..... Yes No
- m. Do you have electronic key cards?..... Yes No
- n. Do guest rooms have self-closing doors?..... Yes No
- o. Is there a hotel safe?..... Yes No
- p. Is there an evacuation plan in each room?..... Yes No
- q. Does the manager/owner live on the premises?..... Yes No
If yes, is their living quarters in a building separate from the hotel/motel?..... Yes No
- r. Are there any unusable, unrentable rooms?..... Yes No
If yes, how many rooms and why? _____
- s. Are there exterior corridors/hallways?..... Yes No
- t. Are employee vehicles ever used to transport guests to airports or other venues?..... Yes No
- u. Are there any lakes, ponds, rivers, or oceans near or on the premises?..... Yes No
- v. Is there a marina present?..... Yes No
- w. Do you sponsor any sporting events?..... Yes No
- x. Do you loan/rent ski equipment, ATVs, snowmobiles or other motorized equipment?..... Yes No
- y. Do you allow pets?..... Yes No
If yes, what is your pet policy (i.e., size, breed, daily charge)? _____

16. Lounge Operation—Answer the following only if you have a lounge

- a. Have employees been trained on the sale of alcohol to minors and intoxicated people?..... Yes No
- b. Are IDs checked to verify age of customers buying liquor or alcohol?..... Yes No
- c. Do you have a dance floor?..... Yes No
If yes, advise total square feet: _____
- d. Do you have live entertainment?..... Yes No
If yes, what? _____
- e. Do you offer any special promotion nights (e.g., Ladies Nights, 2 for 1s, etc.)?..... Yes No

17. Restaurant Operation—Answer the following only if you have a Restaurant

- a. Do you provide off premises catering services?..... Yes No
- b. Do you offer delivery services?..... Yes No
- c. Do you sell food items including condiments under your own label?..... Yes No
- d. Indicate your current Health Department Rating: A B C D or below

18. Swimming Pools/Hot Tubs/Saunas—Answer the following if you have a pool, hot tub or sauna

- a. Do you have a diving board?..... Yes No
- b. Do you have a high diving board (over three feet)?..... Yes No
- c. Do you have a waterslide?..... Yes No
- d. Does the pool have a fence with a childproof latch if it is an outdoor pool?..... Yes No
- e. Are the pool depths clearly marked on top and the sides of the pool?..... Yes No
- f. What is the maximum depth of the pool? _____ feet
- g. Do you have a hot tub?..... Yes No
If yes, what is the maximum exposure time? _____
Are there warning labels?..... Yes No
- h. Do you have a sauna?..... Yes No
If yes, what is the maximum exposure time? _____
Are there warning labels?..... Yes No

19. Crime/Theft Information

- a. Is there a central station alarm system?..... Yes No
 If yes, who monitors it: _____ Maximum Response Time: _____
- b. Other than the main entry doors, do all other doors have limited access for guests only?..... Yes No
- c. Do you have a safe on the premises?..... Yes No
 If yes, what type of safe (e.g., TL15 or TL30)? _____
- d. Are deposits made on a daily basis?..... Yes No
- e. What is the maximum amount of cash in all registers at any one time?..... \$ _____
- f. Are surveillance cameras installed on the premises?..... Yes No
 - i. If yes, how many cameras? _____
 Do they have night vision?..... Yes No
 - ii. How long are the tapes kept? _____
- g. Are there any security guards on the premises?..... Yes No
 If yes, are they armed?..... Yes No
 If yes, are they: Employees Independent Contractors

20. Property Information

a. Building Information (indicate year of updates—attach a separate sheet if necessary)

Prem. No.	Year Built	Roof	HVAC	Plumbing	Electrical	No. of Floors	Sprinklered	Fire Alarm*
							<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* (L=local, P=Police Connected, CS=Central Station)

- Are electrical, plumbing and HVAC to current code?..... Yes No
- Is there any aluminum wiring?..... Yes No
- b. Have you or anyone with a financial interest in the property been convicted of arson, fraud, or other crime related to loss of property owned now or during the past five years?..... Yes No
- c. Distance to nearest fire hydrant? _____
 Distance to nearest Fire Department? _____
- d. If there is a restaurant on the premises, please answer the following:
 Indicate type of protection system: Dry Chemical Wet Chemical CO2 Other: _____
 Is there a UL approved auto-extinguishing system over all cooking surfaces and fryers?..... Yes No
 Is there an automatic gas or electric shut-off for cooking with manual pull?..... Yes No
 How often are hoods and ducts cleaned under contracts:
 Monthly Quarterly Semi-Annually Annually
 Are portable extinguishers mounted and accessible to cooking areas?..... Yes No
 Are deep fryers equipped with an automatic thermostat shutoff if temperature exceeds 475° F?..... Yes No
 Do you have an annual service contract in place for fire protection?..... Yes No
- e. Is the hotel on any state or national historical listing?..... Yes No
- f. Do you have surge protectors on all equipment?..... Yes No
- g. Are there any rooms with Kitchenettes?..... Yes No

NOTICE TO APPLICANT—PLEASE CAREFULLY READ THE FOLLOWING

FRAUD WARNINGS

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/WE DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.