

Hotel/Motel/Bed & Breakfast Supplemental Application

Applicant's Name _____	Agent Name _____
DBA _____	Address _____
_____	_____
Mailing Address _____	Proposed Effective Date:
_____	From _____ To _____
Web Address _____	(12:01 am Standard Time at the address of the Applicant)
States of Operation _____	Applicant is:
Number of locations _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture
Years of Experience years	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Years doing business under current name _____ years	<input type="checkbox"/> Partnership <input type="checkbox"/> Other

Limits of Liability Requested	
Each Occurrence	\$ _____
Personal & Advertising Injury	\$ _____
Products & Completed Operations Aggregate	\$ _____
General Aggregate	\$ _____
Fire Legal (any one premise)	\$ _____
Medical Expense (any 1 person)	\$ _____
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$ _____	BI/PD per Claim - LAE _____

Description of Operations _____

Account Revenue Projections and History

Year	Room Revenue	Restaurant Revenue	Liquor Revenue
Next 12 Months			
Prior Year			

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Prior Year			
Prior Year			

Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

General Information

Number of Stories: _____ Construction: _____ Protection Class: _____ Year Built: _____

Updates: Heating _____ Electrical _____ Plumbing _____ Roof _____

Cooking Controls: Ansul System Yes No Service Agreement in place? Yes No

Rooms are rented (please select all that apply) Hourly Daily Weekly Monthly

Does the property rent any recreational equipment? Yes No

If yes, please explain: _____

What is the average occupancy? _____ % Who is the average occupant? (Business, Vacation, Student, etc) _____

Are cooking facilities in rooms available? Yes No

Does Applicant employ security? Yes No Is the security armed? Yes No

Is the building sprinklered? Yes No

Are there smoke detectors in all rooms? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No

Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____

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Pool Information

Number of pools _____		Is the pool(s) fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Self locking gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a diving board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Posted Rules	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How high is the board? _____	meters	
Lifeguard on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a slide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Saving Equipment in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How tall is the slide? _____	Feet	

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

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Applicants Signature _____

Date _

Agents Signature _____

Date _