

# Hotel / Motel Application

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**Call Steve Holmes (866) 248-0901 Local: (423) 894-0901 or Cell: (423) 313-0901**

**Date your current policy expires:** \_\_\_\_\_

Property Name \_\_\_\_\_

Business license name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Property address: \_\_\_\_\_

County: \_\_\_\_\_ Fire Dept: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

Years Experience In the Hotel Business: \_\_\_\_\_ Years in Business at This Location \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail \_\_\_\_\_ Federal ID # \_\_\_\_\_

<u>Property Coverages</u>	<u>Building #1</u>	<u>Building #2</u>			
Building Amount	_____	_____	<u>Building #1</u>		
Contents Amount	_____	_____	Interior Corridor	<input type="radio"/> Yes	<input type="radio"/> No
Number of Units	_____	_____			
Year built:	_____	_____	<u>Building #2</u>		
Number of Stories	_____	_____	Interior Corridor	<input type="radio"/> Yes	<input type="radio"/> No
Square Footage	_____	_____			
<b>Wall Construction:</b>	<input type="radio"/> Concrete or Block	<input type="radio"/> Brick over wood	<input type="radio"/> Frame	<input type="radio"/> Other	_____
<b>Type of Roof:</b>	<input type="radio"/> Concrete flat	<input type="radio"/> Concrete w/Gable	<input type="radio"/> Gable-metal joists	<input type="radio"/> Gable-wood joists	
<b>Type of Floor:</b>	<input type="radio"/> Concrete Floor	<input type="radio"/> Wood Floor	<input type="radio"/> Other - Describe	_____	

Updates      Electrical      Plumbing      Roof      Heating and A/C      Exterior

**Building Year Updated:** \_\_\_\_\_

<p><b><u>Fire Protection Systems:</u></b></p> <p><input type="radio"/> Smoke Detectors -Hardwired</p> <p><input type="radio"/> Smoke Detectors - Battery</p> <p><input type="radio"/> Full Sprinkler System</p> <p><input type="radio"/> Partial Sprinkler System</p> <p><input type="radio"/> No Sprinkler System</p>	<p><b><u>Security:</u></b></p> <p><input type="checkbox"/> Use Employee Security Guards</p> <p><input type="checkbox"/> Use Security Guard Service</p> <p><input type="checkbox"/> Certificate provided</p> <p><input type="checkbox"/> Security Cameras</p> <p><input type="checkbox"/> Lobby Access Restricted at Night</p>	<p><b><u>Alarm Systems:</u></b></p> <p><input type="checkbox"/> Fire Alarms</p> <p><input type="checkbox"/> Burglary Alarms</p> <p><input type="radio"/> Local Monitoring</p> <p><input type="radio"/> Central Station Monitoring</p> <p><input type="radio"/> No Monitored Alarm System</p>
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<p>Distance to Fire Station _____ in Miles</p> <p>Distance to Fire Hydrant _____ in Feet</p> <p>Distance to Ocean _____ in Miles</p>	<p><b>Surge Protection</b>    <input type="checkbox"/> Computer    <input type="checkbox"/> Phone System</p> <p>Surge protection main electrical box: <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Manager's Apartment    <input type="radio"/> Yes    <input type="radio"/> No</p> <p>Number of rooms with Kitchenettes _____</p> <p>Signs &amp; Satellite Coverage _____</p>
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**Liability - Annual Revenue:**

Room: \_\_\_\_\_ Restaurant : \_\_\_\_\_ Lounge : \_\_\_\_\_

**Amenities:**

Jacuzzi  Yes  No # \_\_\_\_\_ Sauna  Yes  No # \_\_\_\_\_

Health Spa  Yes  No Tanning Beds  Yes  No # \_\_\_\_\_

Racquet Ball  Yes  No Meeting Rooms  Yes  No # \_\_\_\_\_

Exercise Room?  Yes  No Exercise Room Rules Posted?  Yes  No

Playground?  Yes  No Type of Ground Cover \_\_\_\_\_

Swimming Pool :  Inside  Outside  Fenced  Self Closing & Latching Gate?

Non-Slip Walk Surfaces?  Yes  No Pool Visable from Front Desk?  Yes  No

Are Pool Rules Posted?  Yes  No Are GFI on Pool and Jacuzzi?  Yes  No

Life Safety Equipment Provided?  Yes  No Depth Markers Visable in and out of pool?  Yes  No

**Workers Compensation: Payroll**

Motel \_\_\_\_\_ Clerical \_\_\_\_\_ Restaurant \_\_\_\_\_

Number of Employees : Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**Business Autos:**

Any Company Owned Vehicles?  Yes  No Used to Carry Customers?  Yes  No

Year \_\_\_\_\_ Model \_\_\_\_\_ # Passengers \_\_\_\_\_ # Drivers \_\_\_\_\_

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**Umbrella Liability:**

Franchisor Required \_\_\_\_\_ Franchisor \_\_\_\_\_

Mortgagee Name and Address \_\_\_\_\_

**General Questions:**

Basement  Yes  No  
 Owned Boats  Yes  No # \_\_\_\_\_  
 Valet Parking  Yes  No  
 Type of Safe \_\_\_\_\_  
 Average room rate \_\_\_\_\_

Number of Elevators \_\_\_\_\_  
 Owned Aircraft  Yes  No # \_\_\_\_\_  
 Firearm on premisis  Yes  No  
 Vacant Land # acres \_\_\_\_\_  
 Average Occupancy \_\_\_\_\_

**Guest Room Information**

Peep Holes  Yes  No    Dead Bolts  Yes  No    Non-Slip tub & shower  Yes  No  
 Tub & Shower grab bars  Yes  No    GFI Bath Circuits  Yes  No  
 Type of Door Locks?  Electronic  Key    Dead Bolt Locks?  Yes  No

**Restaurant & Lounge Supplement:**

Restaurant Leased Out?  Yes  No    Do you require certificate of insurance?  Yes  No  
 Resturant in Seperate Building?  Yes  No    Automatic Fire Extinguishing System?  Yes  No  
 Any Catering?  Yes  No    What percent? \_\_\_\_\_    Contract to Service System and Filters?  Yes  No  
 Is the lounge leased out?  Yes  No    Do you require certificate of insurance?  Yes  No  
 Is liquor or beer served on the premisis?  Yes  No    Is there a Dance Floor?  Yes  No    Sq. Ft. \_\_\_\_\_  
 Live Entertainment?  Band  DJ  Karaoke    # Game Machines \_\_\_\_\_    # Pool Tables \_\_\_\_\_

**Present & Prior Insurance Companies**

	<u>Package-Property/Liability</u>	<u>Workers Compensation</u>	<u>Company Automobile</u>
Current Year	Company _____ Policy No. _____	_____	_____
Prior Year 1	Company _____ Policy No. _____	_____	_____
Prior Year 2	Company _____ Policy No. _____	_____	_____

*Its easy to get this info – Go to Acct Dept – get the company and policy number from your invoices*

**Claims Information:** For you to get Preferred Rates, we must have Loss Runs for the past three (3) years. Please provide 3 years loss runs or, by signing the follow authorization letter below, we can obtain them for you.

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Claims History - Loss Runs:

Package Policy Number: \_\_\_\_\_

Work Comp Policy Number: \_\_\_\_\_

Automobile Policy Number: \_\_\_\_\_

Dear Sir:

We are reviewing our insurance costs. In order to get our official claims history, please fax me the loss runs for my policies for the past three years. I would appreciate your prompt attention to this matter. Please fax to (423) 894-0907.

Sincerely,

Signed \_\_\_\_\_

Print Name & Title \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Statement of Losses

## Three-Year Insurance Claim Information

Please provide a list of any insurance claims or incidents that have occurred during the last three years such as slip and falls, roof damage, fires, and employee injuries.

<b>Date of Claim or Incident</b>	<b>Describe Claim</b>	<b>Amount of Claim</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the above information is given as an inducement to obtain insurance coverage. When coverage is placed, I agree to supply loss runs for the prior three years, within sixty days of the effective date of coverage.

Signature/Title: \_\_\_\_\_