

HOTEL/MOTELQUOTE SHEET

Named Insured: _____

Mailing Address: _____

City: _____ ST _____ ZIP _____

Phone# _____ FEIN # _____

Renewal Date: _____

Location Address: _____

BUILDING INFORMATION

Occupied as (Office, Guest Rooms, Restaurant) _____

If occupied as guest rooms # of rooms in Building _____

If occupied as restaurant do you run restaurant? _____

Building Value _____

Contents Value _____

Year Built: _____ Square Footage _____

Date of Renovations (Wiring, Heating, Plumbing, Roof) _____

Is Building Sprinklered? _____ Deductible Desired: _____

Building Construction] Frame _____ Concrete block with wood roof _____

Concrete block with flat metal & tar roof _____ Poured concrete and steel _____

Stories _____ Smoke Detectors in each room? Yes _____ No _____

Are they battery or hardwired detectors? _____

BUILDING # 2 INFORMATION (IF APPLICABLE)

Occupied as (Office, Guest Rooms, Restaurant)_____

If occupied as guest rooms # of rooms in Building_____

If occupied as restaurant do you run restaurant?_____

Building Value_____

Contents Value_____

Year Built:_____ Square Footage_____

Date of Renovations_(Wiring, Heating, Plumbing, Roof)_____

Is Building Sprinklered?_____ Deductible Desired:_____

Building Construction] Frame _____ Concrete block with wood roof _____

Concrete block with flat metal & tar roof _____ Poured concrete and steel _____

Stories_____ Smoke Detectors in each room? Yes ____ No _____

Are they battery or hardwired detectors?_____

BUILDING # 3 INFORMATION (IF APPLICABLE)

Occupied as (Office, Guest Rooms, Restaurant)_____

If occupied as guest rooms # of rooms in Building_____

If occupied as restaurant do you run restaurant?_____

Building Value_____

Contents Value_____

Year Built:_____ Square Footage_____

Date of Renovations_(Wiring, Heating, Plumbing, Roof)_____

Is Building Sprinklered?_____ Deductible Desired:_____

Building Construction] Frame _____ Concrete block with wood roof _____

Concrete block with flat metal & tar roof _____ Poured concrete and steel _____

Stories_____ Smoke Detectors in each room? Yes ____ No _____

Are they battery or hardwired detectors?_____

GENERAL LIABILITY INFORMATION

Liability Limit Desired? _____

Annual Gross Sales _____

Average Occupancy Rate for past 12 months _____

Gross Profit (For Loss of Income Coverage) _____

Annual Payroll _____

Is there a pool on the premises Yes ____ No ____

If so Is there a fence around pool with self latching gate Yes ____ No ____

Are depths marked Yes ____ No ____ Diving board Yes ____ No ____

If there is a restaurant on the premises answer below

Is there an annsull system over grill and fryers Yes ____ No ____

Do you serve alcohol or beer and wine Yes ____ No ____

If so what are the annual alcohol sales? _____

MISCELLANEOUS COVERAGE INFORMATION

Exterior Signs How Many and Value of Each _____

Is there an alarm system on premises? _____ If so is it central station? _____

Is there a safe on premiese? If so how is it mounted _____

Value of Computer Sytem _____

Are there any heating boilers on the premises? IF so in what building are they located? _____

IF THERE ARE ANY OWNED AUTOS COMPLETE BELOW

Automobile Liability Limit requested _____

Vehicle Make _____ Model _____ Vin # _____

Comp Ded: _____ Coll Ded: _____ C/N _____

Driver Info: Name _____ DOB _____ License # _____

Driver Info: Name _____ DOB _____ License # _____

IF WORKERS COMP IS DESIRED COMPLETE BELOW

Federal ID _____

Experience mod if known: _____

Officers or owners of business are to Be Included _____ Excluded _____

If they are to be included please provide annual salary and duties of each

IF UMBRELLA POLICY IS LIMITS DESIRED _____

CLAIM HISTORY (If new Owner need claim info from previous Owner)

Prior Insurance Company _____

Please describe any claims you have had in the last 3 years and the amounts paid by the insurance company to you or on your behalf.

