



HOTEL QUESTIONNAIRE/SURVEY
FAX TO: 866-756-3037

Owner Information:

Expiration Date: _____ / _____ Target Premium: \$ _____ Current Carrier: _____
Business Name: _____ Owner Name: _____ ABVI#: _____
Address: _____ City: _____ State: _____ Zip: _____
Business Phone: _____ Business Fax: _____ Mobile Phone: _____
FEIN#: _____ Email Address: _____ web address: _____
Total Years Management Experience: _____ Years of Experience (at this location): _____
What County is your hotel in? _____ Is your property: Exterior Interior
Annual gross receipts/revenues: \$ _____ .00 Annual payroll/remuneration: \$ _____ .00
Full-time Employees: _____ # Part-time Employees: _____

Property Information:

of Buildings: _____ # of Floors: _____ Total Area of Building: _____ Sq. Ft.: _____
of Units: _____ Average Room Rate: \$ _____ Average Occupancy Percentage: _____ %
_____ **Number of Pools?** **Fenced?** **Proper Signs?**
Outdoor Pools: Yes No Yes No
Indoor Pools: Yes No Yes No
Slides/Diving Boards: Yes No Life Guards: Yes No Depth of Pool: _____
Other Amenities: Fitness Center Spa Laundry Facility Game Room Restaurant
 Lounge Banquet Facility (capacity: _____)
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year Built: _____ Type of Roof: _____ Last Roof Replacement: _____
Values: Building - \$ _____ Contents - \$ _____ Business Income - \$ _____ Signage - \$ _____
Year of Updates: Wiring: _____ HVAC: _____ Plumbing: _____
Building Sprinklered? Yes No Where? All Floors Each Unit Storage Restaurant
Aluminum Wiring? Yes No | If yes, is it pigtailed? Yes No
Does the applicant have a closed season? Yes No If yes, when: _____
Has the applicant filed for bankruptcy in the past three years? Yes No
Is applicant a part of any joint ventures? Yes No | Cancelled or Non-renewed in past 3 years? Yes No

Safety/Risk Information:

Written Safety Program Non-slip surfaces in showers/bathtubs Security Camera (how many: _____)

Grab bars in showers/tubs? Self-Closing Doors Room Safes Hotel Safe Manager on premises 24-hrs

Are all employees screened for the following (Check all that apply):

References Criminal Background Drug Testing MVR

Select the Type of Room Security (Check all that apply):

Electronic Key Metal Keys Viewer Peephole Deadbolt Safety Latch or Chain

Fire Protection: Smoke Detectors? Yes No If Yes, where are they located? _____

Battery Hardwired If battery, is there a maintenance log? Yes No If yes, how often? _____

Fire alarms? Local Alarm: Yes No Central Station: Yes No

Adequate Number of Fire Extinguishers? Yes No Properly Located/Mounted: Yes

Are there any rooms with kitchenettes? Yes No # of Rooms with Kitchenettes: _____

Are customer pets allowed on premises? Dogs Cats Both

Do you charge a parking fee? Yes No Fee: \$ _____ .00 per Day Hour

Do you offer valet service? Yes No Fee: \$ _____ .00 per Day Hour

Proximity to airport? Less or Equal to 2 miles Other

Proximity to Fire Station or Hydrant? Less or Equal to 2 miles Other

Loss History: **PLEASE NOTE: Quotes will not be released from carriers without a copy of your most current loss runs.*

Have you had any **Property** losses in the last five (5) years? Yes No Date of Loss: ____ / ____ / ____

Is the claim open or closed? Yes No Amount Paid: \$ _____ .00 / Reserve Amount: \$ _____ .00

Briefly describe the loss: _____

Have you had any **Liability** losses in the last five (5) years? Yes No Date of Loss: ____ / ____ / ____

Is the claim open or closed? Yes No Amount Paid: \$ _____ .00 / Reserve Amount: \$ _____ .00

Briefly describe the loss: _____

Have you had any **Workers Comp** losses in the last five (5) years? Yes No Date of Loss: ____ / ____ / ____

Is the claim open or closed? Yes No Amount Paid: \$ _____ .00 / Reserve Amount: \$ _____ .00

Briefly describe the loss: _____

Have you had any **Umbrella/Excess** losses in the last five (5) years? Yes No Date of Loss: ____ / ____ / ____

Is the claim open or closed? Yes No Amount Paid: \$ _____ .00 / Reserve Amount: \$ _____ .00

Briefly describe the loss: _____

Additional Building Information (If more than one building):

Building #2: Year Built _____ #Units: _____ #Floors: _____ Total Sq Ft.: _____
Building: \$ _____ Contents: \$ _____ Business Income: \$ _____
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year of Updates: Roof: _____ Wiring: _____ HVAC: _____ Plumbing: _____

Building #3: Year Built _____ #Units: _____ #Floors: _____ Total Sq Ft.: _____
Building: \$ _____ Contents: \$ _____ Business Income: \$ _____
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year of Updates: Roof: _____ Wiring: _____ HVAC: _____ Plumbing: _____

Building #4: Year Built _____ #Units: _____ #Floors: _____ Total Sq Ft.: _____
Building: \$ _____ Contents: \$ _____ Business Income: \$ _____
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year of Updates: Roof: _____ Wiring: _____ HVAC: _____ Plumbing: _____

Building #5: Year Built _____ #Units: _____ #Floors: _____ Total Sq Ft.: _____
Building: \$ _____ Contents: \$ _____ Business Income: \$ _____
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year of Updates: Roof: _____ Wiring: _____ HVAC: _____ Plumbing: _____

Building #6: Year Built _____ #Units: _____ #Floors: _____ Total Sq Ft.: _____
Building: \$ _____ Contents: \$ _____ Business Income: \$ _____
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year of Updates: Roof: _____ Wiring: _____ HVAC: _____ Plumbing: _____

Building #7: Year Built _____ #Units: _____ #Floors: _____ Total Sq Ft.: _____
Building: \$ _____ Contents: \$ _____ Business Income: \$ _____
Construction (choose one): Frame Joisted Masonry Non-Combustible Fire Resistive
Year of Updates: Roof: _____ Wiring: _____ HVAC: _____ Plumbing: _____

Questionnaire completed by:

Name: _____ Position/Title: _____

Signature: _____

Thank you for allowing us to quote your business!



GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

PROPE-1

OP ID: NIK

| EXPLAIN ALL "YES" RESPONSES | Y/N | |
|--|--|--|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | <input type="checkbox"/> | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | <input type="checkbox"/> | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | <input type="checkbox"/> | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | <input type="checkbox"/> | |
| 4. ANY CATASTROPHE EXPOSURE? | <input type="checkbox"/> | |
| 5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED? | <input type="checkbox"/> | |
| 6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO) | <input type="checkbox"/> | |
| 7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | <input type="checkbox"/> | |
| 8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? <small>(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).</small> | <input type="checkbox"/> | |
| 9. ANY UNCORRECTED FIRE CODE VIOLATIONS? | <input type="checkbox"/> | |
| 10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS? | <input type="checkbox"/> | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST: | <input type="checkbox"/> | |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? <small>(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)</small> | <input type="checkbox"/> | |
| REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required) | | |
| COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.) | | |
| <p>NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)</p> <p>IN FLORIDA, 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 OF THE THIRD DEGREE.</p> <p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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.</p> | | |
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) Bill Shaw | STATE PRODUCER LICENSE NO (Required in Florida) A240059 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER 395416 |

CONSTRUCTION CLASS DEFINITIONS

1. Frame (Class 1): Buildings where the exterior walls are wood or other combustible materials, including construction where combustible materials are combined with other materials (such as brick veneer, stone veneer, wood iron-clad, stucco on wood).
2. Joisted Masonry (Class 2): Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials and where the floors and roof are combustible (disregarding floors resting directly on the ground.)
3. Non-Combustible (Class 3): Buildings where the exterior walls, floors and roof are constructed of, and supported by metal, asbestos, gypsum, or other non-combustible materials.
4. Masonry Non-Combustible (Class 4): Buildings where the exterior walls are constructed of masonry materials, as described in Joisted Masonry above, with the floors and roof of metal or other non-combustible materials.
5. Modified Fire Resistive (Class 5): Buildings where the exterior walls, floors and roof are constructed of masonry or fire resistive materials with a fire resistance rating of one hour or more but less than two hours.
6. Fire Resistive (Class 6): Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

Note: Definitions obtained from ISO Commercial Risk Services, Inc.
Commercial Lines Manual