

Hotel & Motel

Request for Insurance Quotation

Business Information

Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Inspection Point of Contact: _____
 Accounting Point of Contact: _____

Corp LLC Sole Prop
 FEIN or SSN: _____
 Year Started: _____
 Current Insurance Company(s): _____
 Expiration Date(s): _____
 Total Yearly Premium(s): _____

Street Address

Location #1 _____
 Location #2 _____
 Location #3 _____
 Location #4 _____
 Location #5 _____

Additional Named Insureds: _____

Attach Separately

5 Year, currently valued Loss Runs. (Ask your existing insurance agent/company for these and they should have them to you within 24 hours. If in business less than five years, send what you have. If no prior insurance, ignore.)

Explain any losses over \$5,000

General Liability Do Not Quote

Limits

Per Occurrence \$1,000,000 \$2,000,000 Other: \$ _____
 Aggregate \$1,000,000 \$2,000,000 \$3,000,000 Other: \$ _____

Location #1: Yearly Est. Gross Sales: \$ _____
 Location #2: Yearly Est. Gross Sales: \$ _____
 Location #3: Yearly Est. Gross Sales: \$ _____
 Location #4: Yearly Est. Gross Sales: \$ _____
 Location #5: Yearly Est. Gross Sales: \$ _____

Do you currently offer health insurance to your employees? _____

Property Do Not Quote

Attach as many sheets as necessary

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Property (continued)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Location #: _____ **Building #:** _____

Insurance Values

Building: \$ _____

Contents: \$ _____

Business Income: \$ _____

Miscellaneous: \$ _____

Responding Fire Co: _____

Distance to Hydrant: _____

Year Built: _____ Sq Ft: _____

Year Updated:

Roof _____ Wiring _____

Plumbing _____ Heating _____

Alarms: Fire Burglar Both

Local Only Central Station

Heat: Oil Electric Other _____

Sprinklers? _____

Construction: (frame, masonry, etc.)

Roof: (metal, composition shingle, etc.)

Siding: (metal, vinyl, wood, etc.)

Business Auto Do Not Quote

Coverage Limits

- | | | | | |
|----------------------------------|------------------------------------|--------------------------------------|--------------------------------------|--|
| Liability | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$1,500,000 | <input type="checkbox"/> Other: \$ _____ |
| Uninsured Motorists (UM): | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$1,500,000 | <input type="checkbox"/> Other: \$ _____ |
| Underinsured Motorists (UIM) | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$1,500,000 | <input type="checkbox"/> Other: \$ _____ |
| Medical | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: \$ _____ |
| PIP (if available in your state) | <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other: \$ _____ |
| Physical Damage Deductible: | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> Other: \$ _____ |

Garaging address (if different than mailing): _____

Cities where you operate: _____

Any other vehicles owned but not listed? Yes No

Complete and Attach separately:

- Driver List (example below)
- Vehicle List (example below)

Internal Use Only:

1 Any Auto 2 All Owned Autos 7 Listed Autos 8 Hired Autos 9 Non-owned Autos

Vehicle List

Attach only if quoting **Business Auto**. Use this form or attach a copy from your existing policy.

	Year	Make	Model	VIN	Total \$ Value	Seating Capacity*	Liab	Comp	Coll	Med	PIP
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Include driver in seating capacity.

Liab = Liability
Comp = Comprehensive
Coll = Collision
Med = Medical Payments
PIP = Personal Injury Protection

Driver List

Attach only if quoting **Business Auto**. Use this form or attach a copy from your existing policy.

	Name	Date of Birth	License #	State Licensed:	Years Experience	# of Traffic Violations*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

* Attach MVRs from your file

Workers' Compensation Do Not Quote

Coverage Limits

- \$100,000/\$500,000/\$100,000
- \$500,000/\$500,000/\$500,000
- \$1,000,000/\$1,000,000/\$1,000,000

Include with this application

- Current experience modification worksheet. Only applicable for businesses in operation four years or more. If your state is an NCCI state, obtain yours for free by calling them directly at 800.622.4123.

All payroll estimates yearly

Owners / Officer Payroll

Complete for any owner / officer with over 5% ownership interest.

Name	Date of Birth	Ownership %	Include/Exclude?	Payroll Estimate
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Staff Payroll by Classification

Location No.	What do your employees do?	Approx No. of EE's	Annual Payroll Estimate	Internal Use. Class Code
1	Hotel, Everyone except restaurant or clerical			
1	Hotel, Restaurant			
1	Hotel, Clerical			
2	Hotel, Everyone except restaurant or clerical			
2	Hotel, Restaurant			
2	Hotel, Clerical			
3	Hotel, Everyone except restaurant or clerical			
3	Hotel, Restaurant			
3	Hotel, Clerical			
4	Hotel, Everyone except restaurant or clerical			
4	Hotel, Restaurant			
4	Hotel, Clerical			
5	Hotel, Everyone except restaurant or clerical			
5	Hotel, Restaurant			
5	Hotel, Clerical			

I would like to hear more about insurance for:

	Yes	No
Umbrella Liability	<input type="checkbox"/>	<input type="checkbox"/>
Cyber Liability/Data Breach	<input type="checkbox"/>	<input type="checkbox"/>
Business Income With Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>
Inland Marine	<input type="checkbox"/>	<input type="checkbox"/>
Flood	<input type="checkbox"/>	<input type="checkbox"/>
Boat/Protection & Indemnity/Jones Act	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Ocean Marine	<input type="checkbox"/>	<input type="checkbox"/>
Employee Dishonesty	<input type="checkbox"/>	<input type="checkbox"/>
Employment Practices Liability	<input type="checkbox"/>	<input type="checkbox"/>
Directors and Officers	<input type="checkbox"/>	<input type="checkbox"/>
Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>
Fiduciary Liability	<input type="checkbox"/>	<input type="checkbox"/>
Health – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Life – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Disability – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care – Group or individual	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments/Questions/Information:

Applicant Signature: _____ Date: _____