



Hotel / Motel Information Form

Name Insured:

DBA:

Address:

City, State, Zip:

County:

Mailing Address:

Current Insurance Deductible: \$

Owner:

Telephone:

Cell Phone:

Facsimile:

Email:

Federal ID:

Insurance Carrier:

Franchised w/whom?

Insurance Renewal Date:

#	Material	Building Limit	Contents Limit	Square Feet	Sprinklered ?	Sign Limit \$	# of Stories	# of Units	Year Built
1					<input type="checkbox"/>				
2					<input type="checkbox"/>				
3					<input type="checkbox"/>				
4					<input type="checkbox"/>				
5					<input type="checkbox"/>				

Years experience in hospitality:

Years experience at this location:

What is your daily room rate? \$

What is your occupancy rate?

Claims Loss in the past 3 years: ☐

If checked, please describe:

If updates have been made, please indicate that each bldg. was upgraded:

Heating: 1) ☐ 2) ☐ 3) ☐ 4) ☐ Plumbing: 1) ☐ 2) ☐ 3) ☐ 4) ☐

Electrical: 1) ☐ 2) ☐ 3) ☐ 4) ☐ Roof: 1) ☐ 2) ☐ 3) ☐ 4) ☐

Swimming Pool: ☐

Exterior Corridors: ☐

Fire Alarm: ☐

Keyless Entry: ☐

Gross Receipts

Motel: \$

Restaurant: \$

Liquor: \$

Other: \$

Umbrella and Workers Compensation

Umbrella Coverage: \$

Annual Payroll: \$

Part time Emp #

Full time Emp #