



Salt Lake City Area Office
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P.O. Box 4439 Sandy, UT 84091
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Chicago Office
303 W. Madison Street Suite 2075
Chicago, IL 60606
800-456-4576 • Fax 888-408-8081

HOTELS & MOTELS

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer Name: _____ Producer Phone Number: _____

Producer Email: _____

Detailed description of business activities (specifically, and by location): _____

Applicant is: Individual Corporation Partnership Joint Venture Other: _____

Is this a new business? Yes No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: _____

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: _____

Annual Payroll: \$ _____ Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

C. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

D. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

E. Business Activities

1. Number of Total Staff: _____ Full time: _____ Part Time: _____
What type of work do they do? _____

- a. Do they receive special training? Yes No
b. Does insured have own maintenance staff or are contractors used? _____
c. How are employees screened? _____
d. Is Workers' Compensation coverage in force? Yes No
2. Number of non-operational employees (salesmen, messengers, drivers, clerical)? _____
3. Provide list of equipment to be insured under any coverage issued using the attached separate form.
4. Explain use of equipment to be insured for liability? _____

5. Total Annual Payroll from all business operations: \$ _____
a. Operations Payroll \$ _____ Office & Clerical \$ _____
b. Executive and Management \$ _____ Driver \$ _____
c. Other – Explain _____ \$ _____
6. Total Gross Annual Receipts for all business operations: \$ _____
7. Indicate the construction type of the structure:
[a] Frame/Combustible _____ [d] Masonry/Non-combustible _____
[b] Joisted Masonry _____ [e] Modified Non-combustible _____
[c] Non-combustible _____ [f] Fire Resistive _____
8. How many stories? _____ How many rooms? _____
9. What is the age of the structure? _____
If over ten years, has it been rewired? Yes No
Is there aluminum wiring? Yes No
If so, please explain: _____
10. Average number of guests on the premises? _____
a. What percentage of these are business travelers? _____ %
b. Children _____ % Elderly _____ %?
11. What are the maximum and average occupancy rates throughout the year? \$ _____ \$ _____
12. Are Safety Messages and Fire Escape procedures with floor plan posted in all rooms? _____
13. Are bathtubs/showers equipped with Safety handrails and non-slip floor surfaces? Yes No
14. Are there handrails on all steps and ramps? Yes No
15. What type of keys are provided? _____ Card keys _____ Metal keys
16. Are there secondary exits/entrances? Yes No If so, how are they monitored? _____
17. Is transportation provided to and from airports? Yes No
18. 23. Is there a laundry room? Yes No If Yes, how often cleaned or maintained? _____
19. Does insured provide cribs? Yes No
20. Does insured provide any babysitting service? Yes No

21. How are parking areas maintained and lit? _____
22. Do rooms open to outside or inside? _____
23. Does insured have a safe available to guests? Yes No
24. Does insured provide a safe in guests rooms? Yes No
25. What theft prevention measures are in place? _____
26. Is this a franchised hotel or rated AAA annually by a recognized body? _____
27. Are rooms and halls (if any) sprinklered? Yes No
28. How many swimming pools are there? _____ Any diving boards over 3 meters in height? _____
29. Are rules posted? Yes No Are pool(s) fenced? Yes No
30. Are pool depths marked? Yes No Are gate(s) self closing & locking? Yes No
31. Does each room have a smoke alarm? Yes No
- a. Are the smoke alarms hardwired? Yes No
- b. Is there aluminum wiring? Yes No
- If so, please explain: _____
-
32. Does each floor have at least two properly marked exits? Yes No
- a. Are these exits directly to the outside? Yes No
- If so, please explain: _____
33. Are all interior stairwells completely enclosed with a non-combustible material? Yes No
34. Does the structure have a sprinkler system? Yes No
- a. Is the structure completely sprinklered? Yes No
- b. Is the structure partially sprinklered? Yes No
- If so, describe areas that are sprinklered _____
-
35. Is there a manually operated fire alarm system on each floor, with audible alarm devices? Yes No
- If not, please explain: _____
36. Is there a restaurant located on the premises? Yes No
- a. Is it on the top floor? Yes No
- b. Is it below ground? Yes No
- c. Is there a fire suspension system over 100% of the cooking area? Yes No
- If not, please explain: _____
-
37. Do you have security guard personnel on the premises? Yes No
- If so, are they armed or unarmed? Armed Unarmed
- a. Are security guard personnel on the premises 24 hours? Yes No
- b. Are the security guards employees or contractors?
- If contracted, are contracted security guard personnel required to provide certificates of insurance with limits and coverage equal to that of your general liability policy? Yes No

Are contracted security guard personnel required to name your company as an additional insured under the general liability policy? Yes No

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____ Dated: _____

Applicant: _____ Agent/Broker: _____

Signature Signature

Print Name Print Name