



ATTN: DONNA SCHOENEMANN
PHONE: 214-220-0812 FAX: 214-954-0999
Hotel / Motel Insurance Application

Name of Applicant		Agency Account #	
DBA (legal name)		Federal ID #	
Location Address		Town Class Code	
City		Sole Proprietorship	
State		Partnership	
ZIP		Corporation	
Location		LLC	
County		Other	
Contact Person		Location & Mailing Same?	
Telephone		Current Insurance Co.	
Fax		Current Pkg. Premium	
Effective Date		Located in City Limits?	
Agent / Broker		Responding Fire Dept.	

Loc. 1	Building	Contents	Business Inc	Signs	Units	Stories	Square Ft.	Construction Type
Deductible								
Bldg. 1 Val								
Bldg. 2 Val								
Bldg. 3 Val								
Bldg. 4 Val								
Totals								

CO Insurance		New or Renewal	Years Experience in the hotel / motel industry	
RC or ACV			How long owned by current owner?	
Agreed Value			What is the average occupancy rate?	
B.I. CO Ins.			What year was the property constructed?	
Ann. Sales		Ave. Room Rate	If over 10 years list update years:	
Food Sales			Electrical Year	
Liq. Sales		Limits	Plumbing Year	
Liq. Liability?			Roof Year	
Leased Area			Heating and Cooling Year	
Hired Non-Owned			Any insurance canceled in past 3 years?	
Ea. Occurrence			Does the property have fire extinguishers?	
Aggregate			Are smoke alarms battery or electric?	
Personal Inj.			Surge Protection device on phone system?	
Boiler Coverage?		Deductible	Are they in the rooms and hallways?	
Crime Coverage?			State whether risk is fully or part. Sprinklered?	
Stop Gap Y/N?	Payroll	State	Is a fire hydrant within 1000 feet?	
			Is playground equipment present?	
Flood: 100 or 500 yr?	Limits	Deduct.	Does the property have a basement?	
			Are armed guards used?	
Ordinance Of Law?	Limits	Deduct.	Are unarmed security present?	
			Does the property use security cameras?	
Earthquake Coverage?	Limits	Deduct.	Is cash deposit made 3 times a week?	
			Do all shower / tub areas have non-slip surface?	
			Weekly / Monthly Rentals? Y / N	
Umbrella Coverage?			Miles from nearest large body of water?	
If Yes, Limit?			Any exercise equipment used?	
Umbrella Premium			Do all entry doors have peepholes?	
			Are dead-bolt locks used?	
			Are electronic locks used?	



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Is there a swimming pool?		Pool operating hours?	
Does security camera monitor pool?		Is there a diving board?	
Is there a 4 foot or higher fence?		Does the fence have a self-latching gate?	
Is pool indoor or outdoor?		Is the pool open to employees?	
Are rules posted?		Is depth marked on the top and inside edge?	
Does Pool have anti-vortex drain cover?			

Is there a restaurant on the premise?		Is cooking area covered by a duct system?	
Does it have an NFPA 96 system?		Professional cleaning every 3 months?	
Are filters cleaned by owner weekly?		Automatic suppression system serviced semi-annually	
Is the restaurant or lounge leased?		Does the owner obtain a certificate of insurance?	
Is it in a separate building?		Any cooking facilities in Rooms?	

	Mortgagee	Loss Payee
Name		
Address		
Address		
City		
State		
Zip		
	Additional Insured	Additional insured
Name		
Address		
Address		
City		
State		
Zip		

Remarks

List all losses in past 3 years hard copy loss runs REQUIRED

Name _____ Date _____ By _____
 (Please Print) (Please Sign)