

Named Insured: _____
Mailing Address: _____
Location Address: _____

Phone: _____
Fax: _____
Contact Name: _____
Best Time to Contact: _____

PLEASE COMPLETE THE FOLLOWING TO ASSIST US IN PROVIDING OUR MOST COMPETITIVE INSURANCE QUOTATION:

1 Name of Hotel/Motel: _____
2a Franchise? Yes No If yes, what is franchise name? _____
2b Are you an Approved Auto Club (AAA) Member? Yes No If yes, what is rating? _____
3 Years in operation under **your** ownership? _____ If less than 3 years, describe previous innkeeping: _____

4 Any other business conducted? Leased space, concessions, restaurants, boutiques? _____

5 Please check if applicable:
___ Do you rent bicycles or other recreation equipment? ___ Firearms kept for security?
___ Any docks, piers or waterfront exposures? ___ Security guards?
___ Valet parking? ___ Child care provided?
___ Guest transport provided? ___ Game room or arcade?
___ Any spa or masseuse? ___ Banquet or meeting room facilities?
___ Live entertainment in lounge or bar? ___ Bar or cocktail lounge on premises?
___ Children's playgrounds? ___ Is business seasonal?
___ Woodburning Fireplaces?

Please explain any "YES" answers above:

6 Annual room only revenue \$ _____
7 Average occupancy % _____
8 Annual revenue from sources other than rooms? Please explain: _____

9 Are guest room doors equipped with deadbolt locks? Yes No
10 Number of rooms with kitchenettes? _____
11 Non-skid bath/shower surfaces? Yes No
12 Any non-shatterproof shower doors? Yes No
13 Guest key control system? Describe: _____
14 Any golf, horseback-riding, tennis or ther recreational facilities provided? Explain: _____

15a If you lease space to a restaurant tenant, is the restaurant equipped with a U.L. approved automatic fire suppression system in the vent hood and ducts covering ALL cooking areas? Yes No

15b Any deep fat frying? Yes No If yes, automatic shut-off? Yes No

15c Is there a hood and duct cleaning service under contract? Yes No

15d How often is the hood and duct system cleaned? _____

16 Please describe type of burglar alarm? (Central station, Local gong, etc.) _____

17 Is building(s) fully partially* or not sprinklered? *details: _____

18 Is building(s) currently undergoing any remodeling/renovation work? Yes No If yes, please explain: _____

Signature & Title _____ Date _____