

Hotel Quote Request Form
eHOSPITALITYinsurance.com
(866) 248-0901 Fax: (423) 894-0907

Date your current policy expires: _____

Property Name _____

Business license name: _____

Mailing address: _____

Property address: _____

County: _____ Fire Dept: _____ Fire Rating: _____

Years Experience In the Hotel Business: _____ Years in Business at This Location _____

Contact Person: _____ Phone _____ Fax: _____

E-Mail _____ Federal ID # _____

Property Coverages

	<u>Building #1</u>	<u>Building #2</u>		
Building Amount	_____	_____	<u>Building #1</u>	
Contents Amount	_____	_____	Interior Corridor	<input type="radio"/> Yes <input type="radio"/> No
Number of Units	_____	_____		
Year built:	_____	_____	<u>Building #2</u>	
Number of Stories	_____	_____	Interior Corridor	<input type="radio"/> Yes <input type="radio"/> No
Square Footage	_____	_____		
Wall Construction:	<input type="radio"/> Concrete or Block	<input type="radio"/> Brick over wood	<input type="radio"/> Frame	<input type="radio"/> Other _____
Type of Roof:	<input type="radio"/> Concrete flat	<input type="radio"/> Concrete w/Gable	<input type="radio"/> Gable-metal joists	<input type="radio"/> Gable-wood joists
Type of Floor:	<input type="radio"/> Concrete Floor	<input type="radio"/> Wood Floor	<input type="radio"/> Other - Describe	_____

Updates Electrical Plumbing Roof Heating and A/C Exterior

Building Year Updated: _____

Fire Protection Systems:

- Smoke Detectors -Hardwired
- Smoke Detectors - Battery
- Full Sprinkler System
- Partial Sprinkler System
- No Sprinkler System

Security:

- Use Employee Security Guards
- Use Security Guard Service
- Certificate provided
- Security Cameras
- Lobby Access Restricted at Night

Alarm Systems:

- Fire Alarms
- Burglary Alarms
- Local Monitoring
- Central Station Monitoring
- No Monitored Alarm System

Surge Protection Computer Phone System

Distance to Fire Station _____ in Miles

Surge protection main electrical box: Yes No

Distance to Fire Hydrant _____ in Feet

Manager's Apartment Yes No

Distance to Ocean _____ in Miles

Number of rooms with Kitchenettes _____

Signs & Satellite Coverage _____

Liability - Annual Revenue:

Room: _____ Restaurant : _____ Lounge : _____

Amenities:

Jacuzzi Yes No # _____ Sauna Yes No # _____

Health Spa Yes No Tanning Beds Yes No # _____

Racquet Ball Yes No Meeting Rooms Yes No # _____

Exercise Room? Yes No Exercise Room Rules Posted? Yes No

Playground? Yes No Type of Ground Cover _____

Swimming Pool : Inside Outside Fenced Self Closing & Latching Gate?

Non-Slip Walk Surfaces? Yes No Pool Visable from Front Desk? Yes No

Are Pool Rules Posted? Yes No Are GFI on Pool and Jacuzzi? Yes No

Life Safety Equipment Provided? Yes No Depth Markers Visable in and out of pool? Yes No

Workers Compensation: Payroll

Motel _____ Clerical _____ Restaurant _____

Number of Employees : Full-Time _____ Part-Time _____

Business Autos:

Any Company Owned Vehicles? Yes No Used to Carry Customers? Yes No

Year _____ Model _____ # Passengers _____ # Drivers _____

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Umbrella Liability:

Franchisor Required _____ Franchisor _____

General Questions:

Basement Yes No
 Owned Boats Yes No # _____
 Valet Parking Yes No
 Type of Safe _____
 Average room rate _____

Number of Elevators _____
 Owned Aircraft Yes No # _____
 Firearm on premisis Yes No
 Vacant Land # acres _____
 Average Occupancy _____

Guest Room Information

Peep Holes Yes No Dead Bolts Yes No Non-Slip tub & shower Yes No
 Tub & Shower grab bars Yes No GFI Bath Circuits Yes No
 Type of Door Locks? Electronic Key Dead Bolt Locks? Yes No

Restaurant & Lounge Supplement:

Restaurant Leased Out? Yes No Do you require certificate of insurance? Yes No
 Resturant in Seperate Building? Yes No Automatic Fire Extinguishing System? Yes No
 Any Catering? Yes No What percent? _____ Contract to Service System and Filters? Yes No
 Is the lounge leased out? Yes No Do you require certificate of insurance? Yes No
 Is liquor or beer served on the premisis? Yes No Is there a Dance Floor? Yes No Sq. Ft. _____
 Live Entertainment? Band DJ Karaoke # Game Machines _____ # Pool Tables _____

Present & Prior Insurance Companies

		<u>Package-Property/Liability</u>	<u>Workers Compensation</u>	<u>Company Automobile</u>
Current Year	Company _____	_____	_____	_____
	Policy No. _____	_____	_____	_____
Prior Year 1	Company _____	_____	_____	_____
	Policy No. _____	_____	_____	_____
Prior Year 2	Company _____	_____	_____	_____
	Policy No. _____	_____	_____	_____

To get this info – get the actual **COMPANY NAME** (not the agency) and **POLICY #** from your invoices

Claims Information: Please provide 3 years **LOSS RUNS** or, by signing the follow authorization letter below, we can obtain them for you.

FAX Completed Application to 423-894-0907
or EMAIL to steve@eHOSPITALITYinsurance.com

Date:

RE: Claims History - Loss Runs:

Package Policy Number:

Company

Work Comp Policy Number:

Company

Automobile Policy Number:

Company

Dear Sir:

We are reviewing our insurance costs. In order to get our official claims history, please fax me the loss runs for my policies for the past three years. I would appreciate your prompt attention to this matter. Please fax to (423) 894-0907.

Sincerely,

Signed

Print Name & Title

Legal Name of Business

Address

Statement of Losses

Three-Year Insurance Claim Information

Please provide a list of any insurance claims or incidents that have occurred during the last three years such as slip and falls, roof damage, fires, and employee injuries.

Date of Claim or Incident	Claim Type	Amount of Claim

I understand that the above information is given as an inducement to obtain insurance coverage. When coverage is placed, I agree to supply loss runs for the prior three years, within sixty days of the effective date of coverage.

Signature/Title: