



**Tennessee Hospitality & Tourism Association
Hotel Insurance Plan**



HOTEL INSURANCE QUOTE REQUEST

**Please complete and email to Steve.Holmes@CornerstoneInsGrp.com or fax to 423.894.4406.
If you have questions, please call 423.894.0901.**

| | | | |
|-------------------------------|---|----------------------|----------------|
| Property Name: | | | |
| Business License Name: | | | |
| Mailing Address: | | | |
| City: | State: | Zip: | County: |
| Property Address: | | | |
| City: | State: | Zip: | County: |
| FEIN#: | Yrs. in Business at this Location: | Renewal Date: | |
| Contact Person: | | Email: | |
| Phone: | | Fax: | |

| Property Coverages: | Building One | Building Two |
|----------------------------|--|--|
| Building Amount: | \$ | \$ |
| Contents Amount: | \$ | \$ |
| Number of Units: | | |
| Year Built: | | |
| Number of Stories: | | |
| Square Footage: | | |
| Interior Corridor: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Wall Construction: Concrete or Block Brick Over Wood Frame Other _____

Type of Roof: Concrete Flat Gable w/Metal Joists Gable w/Wood Joists

Type of Floor: Concrete Wood Other _____

| Building Updates (Year Last Updated): | | | | |
|--|------------------|--------------|---------------------------|------------------|
| Electrical: | Plumbing: | Roof: | Heating & A/C: | Exterior: |
| | | | | |

| Liability – Annual Revenue: | | |
|------------------------------------|-----------------------|-------------------|
| Room: \$ | Restaurant: \$ | Lounge: \$ |

| Workers Compensation – Payroll: | | |
|--|----------------------------------|-----------------------|
| Motel: \$ | Clerical: \$ | Restaurant: \$ |
| # of Full-Time Employees: | # of Part-Time Employees: | |

| Business Autos: | | | |
|---|---------------|--|-------------------|
| Any Company Owned Vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Used to Transport Customers: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Yr.: | Model: | # Passengers: | # Drivers: |
| Yr.: | Model: | # Passengers: | # Drivers: |

| Amenities: | |
|--|--|
| Exercise Room: <input type="checkbox"/> Yes <input type="checkbox"/> No | Jacuzzi: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ |
| Exercise Room Rules Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No | Swimming Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inside <input type="checkbox"/> Outside |
| Meeting Rooms: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ | Swimming Pool: <input type="checkbox"/> Fenced <input type="checkbox"/> Self-Closing & Latching Gate |
| Playground: <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Slip Walk Surfaces: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Playground Ground Cover: | Pool Rules Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tanning Beds: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ | Life Safety Equipment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Spa: <input type="checkbox"/> Yes <input type="checkbox"/> No | GFI on Pool and Jacuzzi: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sauna: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____ | Depth Markers Visible in and out of Pool: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Umbrella Liability: | |
|----------------------|-------------|
| Franchisor Required: | Franchisor: |

| General Questions: | |
|---|---|
| Fire Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> Central | Number of Rooms w/Kitchenettes: |
| Burglar Alarms: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Local <input type="checkbox"/> Central | Average Room Rate: \$ |
| Smoke Detectors: <input type="checkbox"/> Hardwired <input type="checkbox"/> Battery | Average Occupancy: |
| Sprinkler System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Partial | Number of Elevators: |
| Security Cameras: <input type="checkbox"/> Yes <input type="checkbox"/> No | Signs & Satellite Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ |
| Use Employee Security Guards: <input type="checkbox"/> Yes <input type="checkbox"/> No | Valet Parking: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lobby Access Restricted at Night: <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance to Fire Station (Miles): |
| Surge Protection: <input type="checkbox"/> Computer <input type="checkbox"/> Phone System | Distance to Fire Hydrant (Feet): |
| Surge Protection Main Electrical Box: <input type="checkbox"/> Yes <input type="checkbox"/> No | Distance to Ocean (Miles): |
| Manager's Apartment: <input type="checkbox"/> Yes <input type="checkbox"/> No | Vacant Land (Acres): |

| Guest Room Information: | | |
|--|---|---|
| Peep Holes: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dead Bolts: <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-Slip Tub & Shower: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tub & Shower Grab Bars: <input type="checkbox"/> Yes <input type="checkbox"/> No | GFI Bath Circuits: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dead Bolt Locks: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Door Locks: <input type="checkbox"/> Electronic <input type="checkbox"/> Key | | |

| Restaurant & Lounge Supplement: | |
|--|---|
| Restaurant Leased Out: <input type="checkbox"/> Yes <input type="checkbox"/> No | Require Certificate of Insurance for Restaurant: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restaurant in Separate Building: <input type="checkbox"/> Yes <input type="checkbox"/> No | Automatic Fire Extinguishing System: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Offer Catering: <input type="checkbox"/> Yes <input type="checkbox"/> No % _____ | Contract to Service System & Filters: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lounge Leased Out: <input type="checkbox"/> Yes <input type="checkbox"/> No | Require Certificate of Insurance for Lounge: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liquor or Beer Served on Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No | Dance Floor: <input type="checkbox"/> Yes <input type="checkbox"/> No Sq. Ft. _____ |
| Live Entertainment: <input type="checkbox"/> Band <input type="checkbox"/> DJ <input type="checkbox"/> Karaoke | # of Game Machines: _____ # of Pool Tables: _____ |

| Present & Prior Insurance Companies: | | | | |
|--------------------------------------|-----------|----------------------------|----------------------|--------------------|
| | | Package/Property/Liability | Workers Compensation | Company Automobile |
| Current Year | Company: | | | |
| | Policy #: | | | |
| Prior Year 1 | Company: | | | |
| | Policy #: | | | |
| Prior Year 2 | Company: | | | |
| | Policy #: | | | |

Please Provide the COMPANY NAME (not the agency) and POLICY # from your Invoices

CLAIMS INFORMATION: PLEASE PROVIDE 3 YEARS LOSS RUNS

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