

Company Name

Hotel/Motel Owners Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Business Name:

*Contact Name:

Position:

*Address:

*City:

*State:

*Zip Code:

*Business Phone:

Fax:

Ex. 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*Contact E-Mail Address:

*Confirm E-Mail Address:

*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

Property Information

Address:

City:

State:

Zip Code:

Year Built:

of Buildings:

of Units:

of Stories:

Total Building Square Footage:

square feet

Building Construction:

Type of Parking:

Type of Roof:

Year Roof Last Updated:

of Pools:

Pool(s) Fenced?:

Diving Boards?:

Pool Slide?:

of In-Room Jacuzzis:

of Kitchenettes:

Type of Electrical:

Year Electrical Last Updated:

Type of Heating:

Year Heating Last Updated:

Type of Plumbing:

Year Plumbing Last Updated:

Automatic Fire Sprinklers?:		Fire Sprinklers on All Floors?:	
Fire Alarms?:		Smoke Detectors?:	
Burglar Alarms?:		On-Site Security?:	
Total Square Footage of Restaurant:	square feet	Restaurant Operated By:	
Liquor Receipts: \$		Bar Serves:	
Total Square Footage of Retail Stores:	square feet	Total Square Footage of Banquet Halls:	square feet
Total Square Footage of Exterior Glass:	square feet	Distance to Lake, River, or Ocean:	mile(s)
Hotel Owned By:		Is the hotel part of a franchise?:	

Desired Coverages

Building: \$	Annual Income: \$
Contents: \$	Deductible:
Exterior Glass: \$	Accounts Receivable:
Employee Dishonesty:	Employee Benefits Liability:
Money & Securities:	Valuable Papers:
Building Ordinance?:	Agreed Amount Endorsement?:
Inflation Guard:	Outdoor Sign Value:
Earthquake Sprinkler Leakage?:	# of Additional Insureds:
General Limit Liability:	Guest Medical:
Liquor Liability:	Non-Owned/Hired Auto Liability:
Inn Keepers Legal Liability:	Tenant Fire Legal Liability:
Garage Keepers Collision Value:	Garage Keepers Collision Deductible:
Garage Keepers Other-Than-Collision Value:	Garage Keepers Other-Than-Collision Deductible:

Current Insurance Information

Company Name *(not agency)*:

Policy Expiration Date: *Ex. 01/15/2005*

Premium Amount: \$

Amount Insured For: \$

Policy Type:

Term: 6 Months 1 year Other

Claims History

THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Please enter all claims or occurrences that may give rise to claims for the past 3 years below:

Claim #1

Claim Status:

Claimant Name:

Insurance Carrier:

Incident Location:

Date of Occurrence:

Ex. 01/15/2007

Date of Claim:

Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Please enter all claims or occurrences that may give rise to claims for the past 3 years below:

Claim #2

Claim Status:

Claimant Name:

Insurance Carrier:

Incident Location:

Date of Occurrence:

Ex. 01/15/2007

Date of Claim:

Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

***Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a CLUE report and credit report about me on an ongoing basis during this quotation and policy period and to check my claims history and credit report on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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