

**GENERAL INSURANCE SERVICES, INC.
HOTEL QUESTIONNAIRE**



APPLICANT INFORMATION SECTION

HOTEL NAME:		EFFECTIVE DATE:		ACCT#:	
LEGAL NAME:		ENTITY TYPE:			
CONTACT NAME:		PHONE:	FAX:		
MAILING ADDRESS:		MOBILE:	HOME:		
CITY:	STATE:	ZIP:	EMAIL:		
LOCATION ADDRESS:		FEDERAL ID OR SOC. SEC #:			
CITY:	STATE:	ZIP:	FRANCHISED OPERATION:		
COUNTY:	PROT. CLASS:		CURRENTS CARRIER:		
YEARS EXPERIENCE IN THE BUSINESS:		YEARS EXPERIENCE AT THIS LOCATION:		PRODUCER:	

BUILDING INFORMATION SECTION

#	#UNITS	STORIES	BUILDING LIMIT	CONTENTS LIMIT	BUSINESS INCOME LIMIT	CONSTRUCTION TYPE	SQ. FT.	YEAR BUILT
1								
T	0		\$0	\$0	\$0		0	
DEDUCTIBLES:						Total Value:	\$0	
COINSURANCE:						Cause of Loss Form:	Special	
VALUATION:			Replacement Cost	Replacement Cost				

REVENUE SECTION

REVENUE SOURCE	GROSS SALES
ROOM RECEIPTS:	
RESTAURANT RECEIPTS:	
LIQUOR RECEIPTS:	
OTHER:	

OTHER INFORMATION

SIGN COVERAGE LIMIT:	
SIGN DEDUCTIBLE:	
AVERAGE DAILY ROOM RATE:	
AVERAGE OCCUPANCY RATE:	#DIV/0!

GENERAL LIABILITY SECTION

GENERAL AGG:	\$2,000,000	PROD. & COMP OPPS:	\$2,000,000	LEGAL LIABILITY:	\$100,000
EACH OCCUR:	\$1,000,000	PERS. & ADV INJURY:	\$1,000,000	MEDICAL EXPENSE:	\$5,000
HIRED AUTO COVERAGE:	\$1,000,000	NON-OWNED AUTO:	\$1,000,000	GEN. LIAB. DEDUCTIBLE:	NIL

LIQUOR LIABILITY SECTION

<input type="checkbox"/> CHECK HERE IF LIQUOR LIABILITY IS INCLUDED	LIMITS:	DEDUCTIBLE:
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UNDERWRITING SECTION

IS THERE A SPRINKLER SYSTEM?		IS THERE A BASEMENT?	
ARE ALL BUILDING(S) FULLY SPRINKLERED?		DOES PROPERTY HAVE EXTERIOR CORRIDORS?	
IS THERE A LOCAL FIRE ALARM?		ANY UNITS HAVE KITCHENETTES?	
IS THERE A CENTRAL STATION FIRE ALARM?		ANY POLICIES BEEN CANCELLED OR NONRENEWED IN THE LAST 3 YEARS?	
HARD WIRED SMOKE DETECTORS IN EACH UNIT?		ARE THERE SECURITY GUARDS?	
IS THERE A HEATING BOILER ON PREMISES?		IS THERE ALUMINUM WIRING?	
IS PROPERTY LOCATED INSIDE CITY LIMITS?		IS THERE EXERCISE EQUIPMENT?	
FIRE HYDRANT WITHIN 1000 FT OF PROPERTY?		IS THERE A MEETING ROOM?	
ARE THERE SECURITY CAMERAS?		IF BUILDING(S) IS OVER 20 YEARS OLD:	YEAR
IS THERE EMERGENCY LIGHTING?		WHEN WAS WIRING UPDATED?	
ARE THERE ELECTRONIC LOCKS?		WHEN WAS PLUMBING UPDATED?	
DO ALL ENTRY DOORS HAVE PEEPHOLES?		WHEN WAS ROOFING UPDATED?	
FIRE EXTINGUISHERS PRESENT?		WHEN WAS HEATING/COOLING UPDATED?	

POOL & RESTAURANT SECTION

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POOL SECTION IS THERE A POOL?		RESTAURANT SECTION IS THERE A RESTAURANT?	
IS THERE A DIVING BOARD OR SLIDE?		IS RESTAURANT/LOUNGE LEASED OUT?	
IS POOL COMPLETELY FENCED OR INDOORS?		IS COOKING AREA COVERED BY DUCT SYSTEM?	
IS THERE A SELF-CLOSING GATE OR DOOR?		IS THE AUTOMATIC FIRE SYSTEM UL300 LISTED?	
ARE DEPTH MARKINGS ON INSIDE AND OUTSIDE OF POOL?		IS THERE A MAINTENANCE CONTRACT IN PLACE FOR VENT CLEANING AND FIRE SYSTEM?	
ARE RULES POSTED?		IS RESTAURANT A SEPARATE BUILDING?	
IS THERE ADEQUATE LIFE SAVING EQUIPMENT?		IS BEER, WINE, OR LIQUOR SOLD?	
IS POOL OPEN TO HOTEL GUESTS ONLY?		IS THERE BANQUET FACILITIES?	
POOL CHEMICALS CHECKED REGULARLY?		IS THERE A DANCE FLOOR?	
IS THERE A JACUZZI? (EXCLUDE IN ROOM JACUZZI)		IF RESTAURANT IS LEASED, WHAT IS SQ. FT. OF LEASED AREA?	

WORKERS COMPENSATION SECTION

<input type="checkbox"/> CHECK HERE IF WORKERS COMPENSATION IS INCLUDED		EMPLOYERS LIABILITY:		
CLASS	ANNUAL PAYROLL	CURRENT CARRIER		
HOTEL EMPLOYEES		EXPERIENCE MOD		
CLERICAL EMPLOYEES		# OF FULL-TIME EMPLOYEES		
RESTAURANT EMPLOYEES		# OF PART-TIME EMPLOYEES		
OFFICER SECTION	NAME	TITLE	%OF OWNERSHIP	INCLUDE/EXCLUDE

UMBRELLA COVERAGE

<input type="checkbox"/> CHECK HERE IF UMBRELLA COVERAGE INCLUDED	UMBRELLA LIMIT:		SIR	
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CRIME COVERAGE

MONEY INSIDE LIMIT:		MONEY OUTSIDE LIMIT:		EMPLOYEE DISHONESTY:	
DEDUCTIBLE:		DEDUCTIBLE:		DEDUCTIBLE:	

OTHER COVERAGES

COVERAGE	<input type="checkbox"/> EQUIPMENT BREAKDOWN	<input type="checkbox"/> EMPLOYMENT PRACTICES LIABILITY	<input type="checkbox"/> FLOOD	<input type="checkbox"/> EARTHQUAKE	<input type="checkbox"/> BUSINESS AUTO
LIMIT:					
DEDUCTIBLE:					

PRIOR LOSS EXPERIENCE

LIST ALL LOSSES IN THE LAST 3 YEARS		<input type="checkbox"/> CHECK IF NO LOSSES IN 3 YEARS
DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID

ADDITIONAL INTEREST SECTION

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> 2ND MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> ADDITIONAL INSURED

REMARKS

SIGNATURE

APPLICANT SIGNATURE	DATE	AGENT SIGNATURE	DATE
X			