

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

Motel Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Operation:

Hotel Motel Tourist Courts/Cabins Resort Dude Ranch

Other (describe): _____

Number of rooms: _____ Average room charge: _____ Average occupancy rate: _____%

Room rental by the: Hour Day Week Month Other (describe): _____

Any leased areas?..... Yes No

Leased to whom? _____

Operation: _____ Area: _____ Sq. Ft.

2. National affiliation?..... Yes No

If yes, with whom? _____

3. Recommended by local Chamber of Commerce or American Automobile Association (AAA)? . Yes No

4. Building information/protection:

Number of stories: _____ Construction: _____

Central station fire alarm Local fire alarm Emergency lighting Guards Sprinklered

Standpipes and hose Guest rooms have smoke detectors

5. Annual gross sales for insured's and their concessionaires' operations:

\$ _____ Room rental

\$ _____ Convenience store..... Number of stores: _____

\$ _____ Food from restaurant..... Number of restaurants or lounges: _____

\$ _____ Liquor from restaurant or lounge

\$ _____ Conferences and conventions..... Maximum occupancy for premises: _____

\$ _____ Health or swim club..... Number of members: _____

\$ _____ Equipment rental (snowmobiles, boats, skis, etc.) .. Type of equipment: _____

\$ _____ Other (describe): _____

\$ _____ **Total of above**

6. Other operations/exposures:

Baseball fields

Number of fields: _____

Sports courts (tennis, basketball, racquetball, volleyball, etc.)

Total number of courts: _____

Trails

Bike—Number of trail miles: _____

Horse— Number of trail miles: _____

Other (describe): _____

6. Other operations/exposures (continued):

- Boats
Number of boats: _____
Type (sail, power, canoe, etc.): _____
- Boat docks or slips
Number: _____
- Club houses (including exercise rooms)
Square footage: _____
- Lake
Number of acres: _____
- Park
Number of acres: _____
- Playgrounds
Number of playgrounds: _____
- Saddle animals
Number and describe type of animal: _____
- Saunas/hot tubs
Number of saunas and hot tubs: _____
- Security guards
Number employed: _____
Number of independent contractors: _____
Are they: armed unarmed
- Skeet/trap/archery ranges
Number of ranges: _____

- Spas
Number of spas: _____
- Swimming
 - Indoor pool
Number of pools: _____
 - Outdoor pool
(In-ground Above-ground)
Number of pools: _____
 - Bathing beach
(Ocean beach Lake/river beach)
Number of beaches: _____
- Number of diving boards/slides/rafts: _____
- Board/slide height: _____ ft.
- Swimming rules posted?..... Yes No
- Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access to roadways or parking areas?..... Yes No
- Life-safety equipment available at pool side?..... Yes No

7. Describe any additional recreational facilities operated by you or others on the premises: _____

8. Security:

- Employees are required to wear ID badges at all times. Yes No
- Room doors have viewing devices (peep holes). Yes No
- Room doors have deadbolt locks and door chains..... Yes No
- Door keys are card keys for electronic locks..... Yes No
- Adjoining room doors have deadbolt locks. Yes No
- Sliding glass doors have security bars or poles within door tracks. Yes No
- Do you release guest names and room numbers to others?..... Yes No
- Do rooms contain security instructions for guests?..... Yes No
- Facility has CCTV for monitoring parking and entrances..... Yes No

9. Innkeepers liability limit:

- \$1,000 per occurrence/\$10,000 aggregate
- \$2,500 per occurrence/\$25,000 aggregate

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____