

# Brummel Madsen

## HOTEL INSURANCE

### Hotel Questionnaire

**Applicant Information** (Please fill out one questionnaire for each property)

Legal Entity Name:

DBA (Hotel Name):

FEIN:

Contact Name:

Phone Number:

Email address:

Website:

Physical Location:

Mailing address (If different from physical location):

Requested Effective Date:

Years of hotel experience:

Current Insurance Carrier:

Does applicant have a national affiliation:

If yes, with whom:

Mortgagee name:

Mortgagee address:

### Sales/Revenue

Room Revenue:

Food Revenue:

Liquor Revenue:

Banquet Food Revenue:

Other Revenue:

Total Revenue:

**Property Information**

Hotel Motel Deductible: Length of Ownership:  
Building Value: Business Personal Property:  
# Of Stories: # Of Rooms: Year Built: ADA Complaint:  
Average Length of Stay: Average Occupancy Rate:  
Average Room Rate: Total Square Feet:  
Building Construction type: Is Roof type:

any space sublet to others:

If yes, explain:

Do the leases hold harmless and additional insured agreements:

Is evidence of insurance received annually:

Cold Breakfast Provided: Balconies: Fireplaces:

Kitchenettes: Guest Laundry:

Any Signs not attached to Building:

If yes, what is value of sign:

**Property Update Year:**

Roof: Electrical: Plumbing: Heating/Cooling:

**Maintenance**

Heating, Refrigeration and Air Conditioning Systems Regularly Checked:

How Often: By Whom:

Elevator Regularly Inspected:

How Often: By Whom:

Explain how snow and ice removal is handled:

Are there written contract with all contractors who do work for the applicant (e.g., landscapers, snow removal, maintenance, HVAC repair, security, etc.):

Do contractors require the contractor to hold the applicant as an additional insured and require the contractor to indemnify and hold harmless the applicant:

Are certificates of insurance obtained for general liability and workers compensation:

## Hotel Security and Safety

Sprinkler System:

% of Sprinkler coverage:

Any attics or concealed spaces with dry pipe sprinkler:

Has there ever been any sprinkler leakage claims at this location:

Is there a maintenance contract for the sprinkler system:

When was the date of the last flow test:

Are there sprinkler flow alarms:

Smoke Fire/Smoke Alarms:

Fire alarms hard wired or battery:

Type of fire alarm; Central station or local:

Are there hallways and common areas equipped with smoke detections that ring to central station or 24 hours occupied station:

Carbon Monoxide Detectors:

# of fire extinguisher:

Emergency Lighting:

Central Station Burglar:

Evacuation Plans Posted:

Human Trafficking prevention program:

Monitored surveillance camera for building access points:

Hotel Entrances Monitored or Locked at Night:

Do Rooms Exit to Exterior or Central Interior Hallway:

Room Key Card Access:

Smoking Permitted:

Number of Smoking Rooms:

Safe in Room:

Non-Slip Showers/Tubs:

Is there a manager/attendant on duty 24 hours each day:

Do all hotel access doors including any recreation area except for the front entrance require a guest key to enter:

Is there a parking garage:

Is childcare provided:

**Restaurant:****Lounge:**

(If "no" to either skip to next section)

Operated by Hotel Owner:

If No, Who Operates:

Max Occupancy of Restaurant:

Hours of Operation for Restaurant:

Description of Restaurant Operations:

Seating Capacity of Restaurant:

# of Health Code Violations in last 3 years:

Cooking Devices Used: Microwave Grill Fryer Other

Automatic Extinguishing System:

Fire Extinguishers in kitchen:

Max Occupancy of Lounge:

Hours of Operation for Lounge:

Seating Capacity of Lounge:

Any Alcohol Served:

Happy Hour:

Dance Floor:

Live Entertainment:

Catering or Banquet operations:

How Many Meetings per year:

How Many Weddings or banquets per year:

**Recreational:**

Pool: Whirlpool: Spa: Steam/Sauna Room:  
Exercise Area: Playground Area: Golf Course: Skiing: Lake:

**Pool Area:** (If no pool skip to the next section)

# Of Pools – Indoor: Outdoor: Whirlpool:  
Pool Hours Posted & Enforced: Pool Safety Rules Posted:  
Pool Depth Clearly Marked: "No Diving" Signs Posted:  
Diving Board: Slide: Depth of pool:  
Anti-skid Surfaces Around the Pool:  
Life Ring & Shepherds Hook Utilized and Visible:  
Pool Fully Enclosed with Self-Locking Gate: Key Card Access:  
Restricted to Guests Only: Emergency Phone:  
Monitored by Video:  
Eating, Smoking, Drinking and/or Glass Containers Prohibited:  
Where Are Chemicals Stored: Who Tests the Water:  
How Often:

**Workers Compensation:**

Estimated Annual Payroll: Employee Background Checks:  
Number of Employees: Full Time:  
Part Time: Seasonal:  
Federal ID Number:  
Unemployment #:

Is a return-to-work plan implemented:

If no would like assistance in developing a plan:

Is an employee handbook utilized:

If no, would you like assistance in creating a handbook:

Names of all Owners and Salary Figures to Be Excluded from Workers Compensation Coverage:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

Name: Email:

**Commercial Auto:**

Any Delivery Operations: Valet Parking:

Is Transportation Provided for Guests:

How many company vehicles are used:

How many passengers do vehicles accommodate:

How many drivers are employed:

Are MVR's checked before hire and annually thereafter:

What is the radius of travel:

Typical travel routes: Airports: Attractions: Hospitals: Other:

**Vehicle #1**

**Vehicle #2**

Year:

Year:

Make:

Make:

Model:

Model:

VIN:

VIN:

**Umbrella:**

What Umbrella Limit Would You Prefer

**Previous Claims:** Please Send 5 Years of Loss Runs with Questionnaire