

Hotel Package Policy Application

American Franchise Specialist Agency

326 Walt Whitman Rd Huntington Station, NY 11746

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Phone: (800) 526-9140~ Fax: (631) 271-2918

OWNER /OPERATOR INFORMATION

Business Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County _____

Hotel Address: _____

City: _____ State: _____ Zip: _____ County: _____

Type of Entity: Corporation: _____ Partnership: _____ LLC: _____ Other: _____

Email : _____ Web Address: _____

Tel # : _____ Fax # : _____ Effective Date: _____

Federal Tax ID # : _____ Years in Business: _____

Number of employees : Full: _____ Part time: _____

COVERAGES

Property

Building Limit \$ _____ Contents Limits: \$ _____ Business Income Limit: _____

Liability

General Aggregate: \$ _____ Products/ Completed Operations Aggregate: \$ _____

Per Occurrence: \$ _____ Fire Damage: \$ _____

Liquor Liability: \$ _____

Optional Coverages:

Glass _____ Money/Secs \$ _____ Limits

Signs \$ _____ Limits Food Spoilage \$ _____ Limits

Other _____

Underwriting Information

Year Built _____ Free Standing? Yes No

Construction Type: Frame Joisted Masonry Non Combustible Masonry
Non Combustible Fire Resistant Modified Fire Resistant

Total Square Footage: _____

Number of Buildings: _____ (if more than 1 provide diagram)

Number of Stories per building: _____ Number of Units per building: _____

If the building is 3 stories or less does each room have a direct means of egress (walkway)? Yes No

Current Average Room Rate: _____

Seasonal Operations: Yes No If yes, please explain: _____

Occupancy rate of 40% or less at any time? Yes No

What type of fire alarm does the building have? Manual Pull Central Station Single Station at desk
None

Are there hard wired smoke detectors or fire alarms in each sleeping unit and in the hallways? Yes No

Are there individual cooking facilities in units? Yes No

Are there any wood burning fireplaces? Yes No

Recreation Facilities? Yes No _____

Personal Service Provided? Yes No If yes, please describe _____

Are there any long term residents? Yes No If yes, please describe _____

Is there a concierge? Yes No

Emergency Lighting provided? Yes No

Are exits marked and illuminated? Yes No

Do all the elevators return to the ground floor in event of fire? Yes No

Do you have an elevator maintenance program? Yes No

Are the interior stairways enclosed and separately vented? Yes No

Is there a formal evacuation plan posted and communicated to staff? Yes No

Is there an accident investigation program? Yes No

Are there any pools? Yes No Any In-Room Jacuzzi's? Yes No If yes, how many? _____

If yes, are they fenced with self closing and locking gates Yes No

If yes, are the depths marked? Yes No

If yes, are there diving boards or slides? Yes No

Do you rent or lease the property to others? Yes No

Is there a restaurant on the premises? Yes No If yes, complete Restaurant application

Is it operated by you? Yes No If no, describe

Do you provide Valet service? Yes No

Do you provide transportation for guests? Yes No If yes, please describe _____

Do you do banquets or catering? Yes No If yes, please describe _____

Do all rooms have peepholes? Yes No

Do all rooms have deadbolt locks? Yes No

Do all sliding doors have secondary locking devices? Yes No

Are background and reference checks done on all employees? Yes No

Do you have any private security measures in place? Yes No

Patrols? Yes No If yes, are the armed?

Employees? Yes No

Subcontracted? Yes No If yes, do you obtain certificates of insurance from the contractor?

TV Monitors? Yes No

Are security complaints investigated? Yes No

Are parking areas well lighted? Yes No

Is there a process in place to identify guest prior to replacing lost keys? Yes No

Is there a master key program in place? Yes No

What type of keys are utilized? Yes No

How often is re-keying performed? Yes No

Is the room number and / or hotel name listed on the key? Yes No

Comments: _____

Loss History

Current/ Insurance Carrier _____

Policy Number: _____ Expires: _____ Premium: \$ _____

Prior Insurance Carrier: _____

Policy Number: _____ Policy Period: _____ Premium: _____

Has any carrier cancelled or refused insurance to this applicant: Y N

If yes, explain _____

Please describe any losses during the past three (4) years): Or attach loss runs

Date of Loss	Amount	Description of Loss
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Completed By :

Name: _____ Title: _____
Print

Signature: _____ Date: _____