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## HOTELS & MOTELS

### A. General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Producer Phone Number: \_\_\_\_\_

Producer Email: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_

Is this a new business?  Yes  No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the business's drug policy and what the procedure is when an applicant or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

**B. Insurance History**

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

\_\_\_\_\_

**C. Other Insurance**

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

**D. Desired Insurance**

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**E. Business Activities**

1. Number of Total Staff: \_\_\_\_\_ Full time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 What type of work do they do? \_\_\_\_\_  
 \_\_\_\_\_
- a. Do they receive special training?  Yes  No
- b. Does insured have own maintenance staff or are contractors used? \_\_\_\_\_
- c. How are employees screened? \_\_\_\_\_
- d. Is Workers' Compensation coverage in force?  Yes  No
2. Number of non-operational employees (salesmen, messengers, drivers, clerical)? \_\_\_\_\_
3. Provide list of equipment to be insured under any coverage issued using the attached separate form.
4. Explain use of equipment to be insured for liability? \_\_\_\_\_  
 \_\_\_\_\_
5. Total Annual Payroll from all business operations: \$ \_\_\_\_\_
  - a. Operations Payroll \$ \_\_\_\_\_ Office & Clerical \$ \_\_\_\_\_
  - b. Executive and Management \$ \_\_\_\_\_ Driver \$ \_\_\_\_\_
  - c. Other – Explain \_\_\_\_\_ \$ \_\_\_\_\_
6. Total Gross Annual Receipts for all business operations: \$ \_\_\_\_\_
7. Indicate the construction type of the structure:
 

[a] Frame/Combustible _____	[d] Masonry/Non-combustible _____
[b] Joisted Masonry _____	[e] Modified Non-combustible _____
[c] Non-combustible _____	[f] Fire Resistive _____
8. How many stories? \_\_\_\_\_ How many rooms? \_\_\_\_\_
9. What is the age of the structure? \_\_\_\_\_  
 If over ten years, has it been rewired?  Yes  No  
 Is there aluminum wiring?  Yes  No  
 If so, please explain: \_\_\_\_\_
10. Average number of guests on the premises? \_\_\_\_\_
  - a. What percentage of these are business travelers? \_\_\_\_\_%
  - b. Children \_\_\_\_\_% Elderly \_\_\_\_\_%?
11. What are the maximum and average occupancy rates throughout the year? \$ \_\_\_\_\_ \$ \_\_\_\_\_
12. Are Safety Messages and Fire Escape procedures with floor plan posted in all rooms? \_\_\_\_\_
13. Are bathtubs/showers equipped with Safety handrails and non-slip floor surfaces?  Yes  No
14. Are there handrails on all steps and ramps?  Yes  No

15. What type of keys are provided? \_\_\_\_\_ Card keys \_\_\_\_\_ Metal keys
16. Are there secondary exits/entrances?  Yes  No If so, how are they monitored? \_\_\_\_\_
17. Is transportation provided to and from airports?  Yes  No
18. 23. Is there a laundry room?  Yes  No If Yes, how often cleaned or maintained? \_\_\_\_\_
19. Does insured provide cribs?  Yes  No
20. Does insured provide any babysitting service?  Yes  No
21. How are parking areas maintained and lit? \_\_\_\_\_
22. Do rooms open to outside or inside? \_\_\_\_\_
23. Does insured have a safe available to guests?  Yes  No
24. Does insured provide a safe in guests rooms?  Yes  No
25. What theft prevention measures are in place? \_\_\_\_\_
26. Is this a franchised hotel or rated AAA annually by a recognized body? \_\_\_\_\_
27. Are rooms and halls (if any) sprinklered?  Yes  No
28. How many swimming pools are there? \_\_\_\_\_ Any diving boards over 3 meters in height? \_\_\_\_\_
29. Are rules posted?  Yes  No Are pool(s) fenced?  Yes  No
30. Are pool depths marked?  Yes  No Are gate(s) self closing & locking?  Yes  No
31. Does each room have a smoke alarm?  Yes  No
- a. Are the smoke alarms hardwired?  Yes  No
- b. Is there aluminum wiring?  Yes  No
- If so, please explain: \_\_\_\_\_
- 
32. Does each floor have at least two properly marked exits?  Yes  No
- a. Are these exits directly to the outside?  Yes  No
- If so, please explain: \_\_\_\_\_
33. Are all interior stairwells completely enclosed with a non-combustible material?  Yes  No
34. Does the structure have a sprinkler system?  Yes  No
- a. Is the structure completely sprinklered?  Yes  No
- b. Is the structure partially sprinklered?  Yes  No
- If so, describe areas that are sprinklered \_\_\_\_\_
- 
35. Is there a manually operated fire alarm system on each floor, with audible alarm devices?  Yes  No
- If not, please explain: \_\_\_\_\_
36. Is there a restaurant located on the premises?  Yes  No
- a. Is it on the top floor?  Yes  No
- b. Is it below ground?  Yes  No
- c. Is there a fire suspension system over 100% of the cooking area?  Yes  No
- If not, please explain: \_\_\_\_\_
-

37. Do you have security guard personnel on the premises?  Yes  No
- If so, are they armed or unarmed?  Armed  Unarmed
- a. Are security guard personnel on the premises 24 hours?  Yes  No
- b. Are the security guards  employees or  contractors?
- If contracted, are contracted security guard personnel required to provide certificates of insurance with limits and coverage equal to that of your general liability policy?  Yes  No
- Are contracted security guard personnel required to name your company as an additional insured under the general liability policy?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_ Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature Signature

\_\_\_\_\_  
Print Name Print Name