



MUSIC Hotel/Motel/Bed & Breakfast Supplemental Application

Applicant's Name _____

Agent Name _____

DBA _____

Address _____

Mailing Address _____

Proposed Effective Date:

Web Address _____

From _____ To _____

(12:01 am Standard Time at the address of the Applicant)

States of Operation _____

Applicant is:

Number of locations _____

Individual

Joint Venture

Years of Experience _____ years

Corporation

LLC

Years doing business under current name _____ years

Partnership

Other

| Limits of Liability Requested | |
|---|-----------------------------|
| Each Occurrence | \$ _____ |
| Personal & Advertising Injury | \$ _____ |
| Products & Completed Operations Aggregate | \$ _____ |
| General Aggregate | \$ _____ |
| Fire Legal (any one premise) | \$ _____ |
| Medical Expense (any 1 person) | \$ _____ |
| Other Coverages, Restrictions, or Endorsements requested: | |
| | |
| Deductible \$ _____ | BI/PD per Claim - LAE _____ |

Description of Operations _____

Account Revenue Projections and History

| Year | Room Revenue | Restaurant Revenue | Liquor Revenue |
|----------------|--------------|--------------------|----------------|
| Next 12 Months | _____ | _____ | _____ |
| Prior Year | _____ | _____ | _____ |



MUSIC Hotel/Motel/Bed & Breakfast Supplemental Application

| | | | |
|------------|--|--|--|
| Prior Year | | | |
| Prior Year | | | |

Prior Carrier Information

| | | | | | |
|--------------|-------|-------|-------|-------|-------|
| | Year: | Year: | Year: | Year: | Year: |
| Carrier | | | | | |
| Premium | | | | | |
| Deductible | | | | | |
| Premium Base | | | | | |

Loss History

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claims Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

General Information

Number of Stories: _____ Construction: _____ Protection Class: _____ Year Built: _____

Updates: Heating _____ Electrical _____ Plumbing _____ Roof _____

Cooking Controls: Ansul System Yes No Service Agreement in place? Yes No

Rooms are rented (please select all that apply) Hourly Daily Weekly Monthly

Does the property rent any recreational equipment? Yes No

If yes, please explain: _____

What is the average occupancy? _____ % Who is the average occupant? (Business, Vacation, Student, etc) _____

Are cooking facilities in rooms available? Yes No

Does Applicant employ security? Yes No Is the security armed? Yes No

Is the building sprinklered? Yes No

Are there smoke detectors in all rooms? Yes No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? Yes No

Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim? Yes No

If yes, please describe. _____



MUSIC Hotel/Motel/Bed & Breakfast Supplemental Application

Pool Information

| | | | | | |
|---------------------------------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|
| Number of pools _____ | | Is the pool(s) fenced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Self locking gates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is there a diving board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Posted Rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How high is the board? _____ meters | | |
| Lifeguard on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is there a slide? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Life Saving Equipment in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How tall is the slide? _____ Feet | | |

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.



MUSIC Hotel/Motel/Bed & Breakfast Supplemental Application

Applicants Signature _____

Date _

Agents Signature _____

Date _