

MUSIC Hotel/Motel/Bed & Breakfast Supplemental Application

Applicant's Name _____ Agent Name _____
 DBA _____ Address _____

 Mailing Address _____ Proposed Effective Date:
 _____ From _____ To _____
 Web Address _____ (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			

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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. _____

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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.

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Applicants Signature _____ **Date** _____

Agents Signature _____ **Date** _____