



Amalgamated Insurance Underwriters, LLC
1 Paragon Drive, Ste 200
Montvale, NJ 07645
800-613-2600

Hospitality Supplemental

General Information:

Applicant _____ EIN _____
DBA _____ Website _____
Location Address _____
Mailing Address _____
Nature of Business _____ Years owned Business _____
Has the applicant ever filed bankruptcy? Yes [] No []
Property Manager* _____ Phone #* _____ Email* _____

Claim History:*

Number of Property Claims in past 5 years? _____ Claim Type: _____ Payout: _____

General Location Information:

Property Type _____ Franchise Affiliation _____
In-Unit Cooking Exposure?* Yes [] No []
Does Hotel/Motel Allow Smoking?* Yes [] No []
In-Unit Cooking and Smoking exposures will alter deductibles and eligibility.
Years Owned _____ Hotel Ownership Experience _____
Extended Stay Rental Offered (2 weeks or more)? Yes [] No [] If Yes, Maximum Period: _____
Hourly Rentals? Yes [] No [] Is Hotel Seasonal? Yes [] No [] If Yes, # of Months Open Yearly: _____
Total Rooms: _____ Average Room Rate Per Night: \$ _____ Average Occupancy Rate: _____ %
Total Annual Sales: \$ _____

Building Information:

Year Built: _____ Total Square Footage: _____ # of Buildings: _____ # of Stories: _____
Any Additions/Renovations made to original property: Yes [] No []
If Yes, Describe including year (s) completed: _____
Roof Type: _____ Roof Age: _____ Electricity Type: Fuses [] Circuit Breakers [] Age _____
Type of Wiring: _____ Age: ____ If Aluminum, Remediated? Yes [] No [] Remediation Type: _____
Distance to Fire Hydrant: ____ Distance to Fire Station: ____
Sprinkler System: Yes [] No [] Percent Area protected by Sprinkler: ____ %
Type of Smoke Alarms: _____ Covering all Hallways/Common Areas? Yes [] No [] How often Inspected: _____

*Required Field



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Restaurant:

Does the Hotel have a Full-Service Restaurant? Yes No Operated by Owner or Leased:
Is Hotel Owner listed as Additional Insured on Other's Insurance Policy? Yes No
Does the Restaurant have an Automatic Extinguishing System over all Cooking Surfaces? Yes No
Is the Extinguishing System Equipped with an Automatic Fuel Shut-Off Switch? Yes No
Is the Hood and Duct cleaning on a Service Contract? Yes No Service Period:
Does the Restaurant comply with the NFPA 96? Yes No
Annual Restaurant Sales: \$ Liquor served? Yes No Annual Liquor Sales: \$
Dance Floor? Yes No | Hookah Bar? Yes No | Entertainment? Yes No

Security, Policies & Procedures:

Type of Premises Security If Security Guard, Armed? Yes No

Does the Applicant have:

- A progressive discipline policy? Yes No
A customer complaint/grievance resolution procedure? Yes No
A program to train supervisory and management personnel to recognize, report, and respond to all potential hostile employees or situations? Yes No
A background check procedure for all potential employees? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement or claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Name/Title

Applicant Signature* Date*

Thank you for your business!

*Required Field