



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 have In-Unit Fireplaces?\* Yes No If Yes, Which Type:
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: %

\*Required Field



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Type of Smoke Alarms: \_\_\_\_\_ Covering all Hallways/Common Areas? Yes  No  How often Inspected: \_\_\_\_\_

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