XINSURANCE

8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

HOTELS & MOTELS APPLICATION

A. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ 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: _____

Email: _____ 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

☐	$50,000/$100,000	☐	$25,000/$50,000/$100,000
☐	$150,000/$300,000	☐	$75,000/$150,000/$300,000
☐	$250,000/$1,000,000	☐	$100,000/$250,000/$1,000,000
☐	$500,000/$1,000,000	☐	$250,000/$500,000/$1,000,000
☐	Other: _____	☐	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, haw 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