



Asian American Nations Insurance Group
 735 Primera Boulevard, Suite 215
 Lake Mary, FL 32746

Tel (407) 829-8575
 Fax (877) 422-5422

HOTEL/MOTEL INSURANCE APPLICATION

This application will be used to derive a quote for your property. It is necessary that all questions be answered accurately and completely. If any questions are left blank it will delay the quoting process.

SECTION I: GENERAL INFORMATION

What date does your insurance policy expire? If this is for a closing what is the tentative closing date? ____/____/____

Type of business: Individual Partnership Corporation

Individual, Partnership or Corp Name:	
Name of Hotel or Motel:	
Mailing Address:	
Location Address:	
City:	
County:	
State:	
Zip Code:	
Contact Person:	
Telephone Number:	
Cellular Phone Number:	
Fax Number:	
Email Address:	

SECTION II: COVERAGE

(If you have multiple buildings you must separate each one below.)

	Building Limit	Contents Limit	Year Built	Number of Motel Rooms	Number of Stories	Square Footage
Building 1	\$	\$				
Building 2	\$	\$				
Building 3	\$	\$				
Building 4	\$	\$				
Building 5	\$	\$				
Building 6	\$	\$				
Building 7	\$	\$				
Building 8	\$	\$				
Building 9	\$	\$				
Building 10	\$	\$				

	Sign Value
Sign 1	\$
Sign 2	\$

SECTION III: PROPERTY DETAILS

A. STRUCTURE

- What is the construction of your building? Wood or Frame Brick over Wood Solid Concrete (no wood)
Does your building have EIFS (Exterior Insulation Finishing System)? Yes No
What is the construction of your roof? Wood Trusses Concrete Slab Metal beams (not metal roof)
What is the shape of your roof? Flat Roof Pitched Roof (traditional triangle roof)

B. SWIMMING POOL

- Is there a swimming pool at the property? Yes No
(Complete the following questions if you have a swimming pool)
How many swimming pools are there? _____
Is the swimming pool: Indoor Outdoor
Does the pool have a slide or a diving board? Yes No
Does the pool have a fence with a childproof latch? Yes No
Are pool depths clearly marked on top and sides of pool? Yes No

C. OCCUPANCY

- What are the annual gross motel receipts? \$ _____
What was your occupancy rate last year? _____ %
What is your average room rate? \$ _____
Do you have any monthly, weekly or hourly rates? Yes No
Are there any apartment rentals? Yes No

D. RESTAURANT

- Is there a restaurant on the property? Yes No
(Complete the following if you have a restaurant on your property)
(Complete Section E. Lounge if alcoholic beverages are sold at the restaurant)
Do you operate the restaurant? Yes No
If you operate the restaurant, what are the annual gross receipts? \$ _____
Do you lease the restaurant out to a tenant? Yes No
What is the square footage of the restaurant? _____
What is the name of the restaurant? _____
What are the business hours of the restaurant? _____
What is the seating capacity of the restaurant? _____
Is there an ansul system in the kitchen? Yes No
Is there a U.L. approved automatic extinguishing system in the kitchen? Yes No
Are filters cleaned weekly? Yes No
Do you have your hoods and ducts cleaned professionally? Yes No
How often are the hoods and ducts cleaned? _____

E. LOUNGE

- Is there a lounge on the property? Yes No
(Complete the following if you have a lounge on your property)
Do you operate the lounge? Yes No
If you operate the lounge, what are the annual gross receipts? \$ _____
Do you lease the lounge out to a tenant? Yes No
What is the square footage of the lounge? _____
What is the name of the lounge? _____
What are the business hours of the lounge? _____
What is the seating capacity of the lounge? _____
Are there bouncers or security guards? Yes No
Is there a dance floor? Yes No
Is there live entertainment provided? Yes No
Is there a happy hour? Yes No

F. PROTECTION

- Are the smoke detectors: Hardwired Battery
Is there a central station fire alarm? Yes No
Does the building have a sprinkler system? Yes No
Is premises covered by security cameras? Yes No
Are there dead bolts or chain locks on the doors? Yes No
Is there any armed security personnel at the property? Yes No

G. MISCELLANEOUS

How many years have you been in the hotel/motel business? _____

How many years have you owned this property? _____

Does Asian American Nations Insurance Group insure any other properties for you? Yes No

How many miles away is your property from the ocean or gulf? _____

How many employees work at your property? Full-Time _____ Part-Time _____

Approximately how many deposits do you make in a week? _____

(Please mark an "X" in the appropriate box)

	YES	NO		YES	NO
Is there a basement on the property?			Is there a fitness center?		
Does the property have aluminum wiring?			Are there any meeting rooms?		
Do tubs/showers have non-slip surfaces?			Are there any banquet facilities?		
Do tubs/showers have grab bars?			Does the premise have a playground?		
Do guest rooms have peepholes?			Are there any basketball or tennis courts?		
Do you have electronic key cards?			Is there a manager's quarter on premises?		
Is there a night window for the front desk?			Are there any unusable/unrentable rooms?		
Do guest rooms have self-closing doors?			Are there any vacant/unoccupied buildings?		
Is there a hotel safe?			Is there any underground parking?		
Are there any elevators?			Are there any rooms with kitchenettes?		
Are parking lots and sidewalks free of holes?			Do you use surge protection on equipment?		
Is there an evacuation plan in each room?			Do you have lightning rods on the building?		
Do you presently own other hotels/motels?			Is the property interior corridor?		

SECTION IV: UPDATES

When were the following updates completed?

	YEAR		YEAR
Roof		Plumbing	
HVAC (Heating/Air condition)		Electrical	

SECTION V: WORKERS COMPENSATION

(Complete the following if you need workers compensation insurance)

What is your federal/tax id number? _____ If you know your experience mod put it here: _____

What is your payroll for the following: Motel _____ Clerical _____ Restaurant _____

Officer/Partner #1 _____	Title _____	Shareholder Percentage _____	Incl or Excl _____
Officer/Partner #2 _____	Title _____	Shareholder Percentage _____	Incl or Excl _____
Officer/Partner #3 _____	Title _____	Shareholder Percentage _____	Incl or Excl _____
Officer/Partner #4 _____	Title _____	Shareholder Percentage _____	Incl or Excl _____
Officer/Partner #5 _____	Title _____	Shareholder Percentage _____	Incl or Excl _____

SECTION VI: CURRENT/PRIOR INSURANCE CARRIERS

(You must complete the following unless this is a new purchase for you)

	Current Year	2 nd Year	3 rd Year
PACKAGE COMPANY			

SECTION VII: PREMIUMS

I am currently paying \$ _____ for my package policy

I am currently paying \$ _____ for my umbrella policy

SECTION VIII: CLAIMS

Have you made any claims in the last 3 years? Yes No

If you made any claims in the past 3 years please describe the claim and include the date of the claim along with and amount paid:

Please fax 3 years of loss runs along with this application