

# **Insurance Quotation Information – Hotel**

Use Acord Commercial Insurance Application and property section as well as this form.

A 11					
City					
	Zip:				
D1					
Fax:					
Email:					
Number of years in business:					
Form of business: Individual	Partnership	_ Corporation			
<b>Number of Employees</b>					
Hotel Staff	Estimated Annual P	avroll: \$			
Hotel Staff:Office / Clerical:					
Office / Clerical: Estimated Annual Payroll: \$ Other Employees*: Estimated Annual Payroll: \$					
*Description of Other Employees:					
Estimated Annual Gross Receipts -	Hotel				
Number of Owners:					
Prior Insurance Carrier(s) (I	ast 3 Years)				
Insurance Company Annual Pr	remium Policy Term	# of Claims	\$ Amount		
Please provide a three-year loss hist	ory from the insurance c	earrier(s)			



## 1310 E. Eisenhower Blvd | Loveland, CO 80537 | (970) 663-5404

## **Owned Vehicles**

Year Make Model VIN Number				<u>Value</u> \$ \$
Driver Informat			nd any ana also that	\$drives declaration's vehicles
Driver informat	ion (An sales, mec	manic, owners, a	nd any one else that	drives dealership's vehicles).
<u>Driver Name</u>	<u>License Number</u>		Violations /Accide	<u>ents</u>
General Question questions and the quality there a pool or a beginning.	estions below also.		urance Application fo	or all necessary underwriter
Is there a restaurant	or bar? If	yes, complete re	estaurant / bar questic	onnaire.
Building & Busi  – use Acord pro			Each Building) building / locatio	<u>n.</u>
Include building cov Year Built: Construction Materi				
Number of Stories:_		y, 5001, 110.j		
Square Foot:				



### 1310 E. Eisenhower Blvd | Loveland, CO 80537 | (970) 663-5404

# **Business Personal Property**

Dollar amount of all business personal property that stays within 100 feet of the building until sold, (this includes merchandise, office furniture and equipment, tools and equipment,).					
\$					
Please use this section to describe your operations:					