

Marshall Hotels & Resorts

Master Insurance Program

Hotel Questionnaire

Legal Entity Name:			
Trading as Name:			
Property Address:			
City:	State:	Zip:	County:
Contact Name:		Contact Number:	
Hotel Brand:		Years in Business:	
Year of Construction:		Stories:	
Rooms:		Occupancy:	
Area of building (sq. ft.):		Buildings:	
Full-time Employees:		Part-time Employees:	
Building Value:			\$
Contents Value (Replacement Cost):			\$
Business Income Limit:			\$
Business Income / Rental Income:			\$
What is the ISO construction?	Frame (1) (including veneer)	Joisted Masonry (2) (masonry walls, wood roof)	Noncombustible (3) (metal walls and roof)
See page 2 for complete description of ISO classes in order to choose the most accurate selection	Masonry Noncombustible (4) (masonry walls, metal roof)	Modified Fire Resistive (5) (walls, floor and roof sprayed with coating, fire rating 1-2 hours)	Fire Resistive (6) (concrete encased steel roof, walls and floors, fire rating over 2 hours)
What is the exterior construction?	Brick	Glass	Concrete
	Siding	Block	Stucco
	EIFS		
HVAC:	Commercial System	Residential Units	Window Units
Building Shape:	Rectangular	Square	Irregular
Swimming Pool:	Indoor	Outdoor	None
Please list all vehicles (including year, make, model, and vin#)			

ISO Construction

These descriptions are used by underwriters in order to determine property insurance premiums. **This information is critical. An incorrect classification could result in a substantially higher property rate and premium than should be charged for a correct classification.**

ISO 1	Frame	Building where the exterior walls are wood or other combustible materials, including construction where combustible materials are combined with other materials such as brick veneer, stone veneer, wood iron-clad, stucco on wood
ISO 2	Joisted Masonry	Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile or similar materials, and where the floors and roof are combustible (disregarding floors resting on the ground)
ISO 3	Noncombustible	Buildings where the exterior walls, floors and roof are constructed of, and supported by, metal, asbestos, gypsum or other non - combustible materials
ISO 4	Masonry Noncombustible	Building where the exterior walls are constructed of masonry materials, as described in "joisted masonry" above, with the floors and roof of metal or other non - combustible materials
ISO 5	Modified Fire Resistive	Buildings where the exterior walls, floors and roof are constructed of masonry or fire resistive material with a fire resistive rating of one hour or more, but less than two hours.
ISO 6	Fire Resistive	Buildings where the exterior walls, floors, and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours
Other	Please Describe:	

Payroll

Hotel: \$	Clerical: \$	Restaurant: \$
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Automobile Exposure Information

Does the applicant have owned vehicles?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are drivers that transport passengers over 25 years old?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are drivers of service vehicles over 21 years old?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the applicant have an airport shuttle service?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the shuttle service owned or contracted?				
Does the applicant provide valet parking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the valet parking owned or contracted?				
Do employees drive their own vehicles?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, how many?				
If yes, are they insured?				
Do employees provide certificates of insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any drivers under the age of 21?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has the applicant leased or rented a vehicle in the last year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide use and cost of hire:	\$			

General Information

Lender:			
Lender Address:			
Is any building over 20 years old or under any renovations?		Yes	No
If yes, please list any recent updates:			
Is the applicant a builder, developer, or a contractor?		Yes	No
If yes, please describe:			
Has the applicant completed any building updates with employed personnel?		Yes	No
If yes, please describe:			
Is the hotel part of a franchise operation?		Yes	No
If yes, when was the date of last inspection?			
Franchisor:			
Franchisor Address:			
Total Employees:		Average Occupancy:	%
Average Room Rates:	\$	Elevators:	
Annual Receipts:	\$	Last Inspection:	
Room Receipts Only:	\$	Liquor Receipts:	\$
All Other Receipts:	\$		
Are there garage keepers?		Yes	No
If yes, please describe (valet, fee - based):			

Fire Safety

Does the building have a manual fire alarm?		Yes	No
Does the building have a central station?		Yes	No
Is the building 100% sprinklered?		Yes	No
Are smoke detectors hard wired?		Yes	No
If no, are inspection / battery test logs maintained and updated monthly?		Yes	No
Are all fire doors rated at least "one hour"?		Yes	No
Does the building have emergency lighting?		Yes	No
Are outside egresses available on all floors?		Yes	No
How many exits are available per floor?			
Does the building have unprotected vertical openings (stairways, elevators, etc.)		Yes	No
Does the applicant have a written evacuation plan?		Yes	No

Property Exposure Information

Do you have written proof of asbestos removal?		Yes		No
Has the structure sustained wind or earthquake damage?		Yes		No
If yes, when?				
Does the applicant have a seasonal exposure?		Yes		No
If yes, when?				

Liability Exposure Information

Does the building have in - room cooking units?		Yes		No
If yes, please describe:				
Are shower / tub services protected by non - skid surfaces?		Yes		No
Has the applicant received any code violations in the past 3 years?		Yes		No
If yes, please describe:				
Is the roof flat?		Yes		No
Is the roof pitched?		Yes		No
Does the insured have at least 3 years of hotel management experience?		Yes		No
Does the insured use card keys in lieu of metal keys?		Yes		No
Does the applicant have a spa on the premises?		Yes		No
Does the applicant own, manage, or require spa be named as an additional insured?		Yes		No
Does the applicant provide health club facilities?		Yes		No
Does the applicant have a pool?		Yes		No
If yes, how many?				
Is the pool fenced and secured by a self locking gate?		Yes		No
Does the pool have diving boards or slides?		Yes		No
Is there a lifeguard present at the pool?		Yes		No
Is the lifeguard employed or contracted?				
If there is no lifeguard, is there a "Swim at Own Risk" sign posted?		Yes		No
What are the pool hours of operation?				
Does the applicant have a sauna?		Yes		No
Is the sauna fully sprinklered?		Yes		No
Has the applicant ever filed for bankruptcy?		Yes		No
If yes, please describe:				
Is there a playground on the premises?		Yes		No
Does the applicant provide child care services?		Yes		No

Description of Operations

Please describe neighboring establishments:			
Does the applicant employ or contract security personnel?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Can any rooms be rented for 30 consecutive days?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, please describe:			
Is there a bar or restaurant on the premises? (please provide a copy of the lease)	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the property ADA compliant?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, how much?	%		
Does the applicant provide entertainment?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is there a manager on premises / duty 24 hours per day?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the property owner operated?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If no, please describe:			
Please describe any hotel amenities (water or snow activities, golf, equestrian):			

Applicant's Signature

____/____/____

Date

- Required for Request of Quotation:
- Completed Master Program Questionnaire
 - Liquor Liability Supplement if necessary
 - Tier One Wind Supplement if necessary
 - Five Years of Currently Valued Loss Runs
 - Copy of All Policies Currently in Force

Please send all completed documents via: FAX: 410.433.3440
 attn. Bob Barczak

Bob Barczak can be contacted at: Toll Free: 888.433.3553 x 624
 Phone: 410.319.0624
 Email: bob.barczak@dii-ins.com