



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!



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Healthcare Facilities 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 _____ In-Unit Cooking Exposure? Yes ☐ No ☐
Years Owned _____ Owner Operated? Yes ☐ No ☐ If No, please provide Insurance Evidence
Total Beds:* _____ Total Units (if Applicable): _____ Average Occupancy Rate: _____%

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: _____%
Type of Smoke Alarms: _____ Covering all Hallways/Common Areas? Yes ☐ No ☐ How often Inspected: _____
Are Exit Signs Illuminated: Yes ☐ No ☐
Is there a Written Evacuation Plan: Yes ☐ No ☐ Are all employees trained in evacuation plan: Yes ☐ No ☐
Enclosed Stairwells: Yes ☐ No ☐ Heat Detectors: Yes ☐ No ☐ Self closing doors in main areas: Yes ☐ No ☐

*Required Field



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Medical/Diagnostic Equipment:

Total Equipment Value: \$_____ Equipment Types: _____ Owned or Leased: _____

What security is in place for protection of medical equipment? _____

What security is in place for protection of drugs/medications? _____

For equipment valued \$50k or more, attach itemized equipment list including Description, Manufacturer, Age, Value

Security, Policies & Procedures:

Type of Premises Security _____ If Security Guard, Armed? Yes ☐ No ☐

Is there a manager on premises/24 hours duty? 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* _____