

Hospitality Property Insurance Underwriting Questionnaire

GENERAL INFORMATION

Property Name

Address

City

State / Province

Zip / Postal Code

Contact Name

Contact Email

Contact Phone

PROPERTY DETAILS

Year Built

Number of Floors

Construction Type

Type of Hospitality Operation

-- Select --



Number of Guest Rooms/Suites

Average Annual Occupancy (%)

List of Amenities (e.g. pool, gym, restaurant, spa, etc.)

VALUATION & COVERAGE

Building Value (Replacement Cost)

Contents Value

Business Income/Interruption Value

RISK MANAGEMENT & SAFETY

Type of Fire Alarms Installed

Is there a Sprinkler System?

-- Select --



Security Features (e.g. CCTV, keycard access, security staff)

Claims History (Last 5 Years)

Please provide details of any claims, including dates, amounts, and description.

ADDITIONAL INFORMATION

Additional Notes or Comments