

Insurance Application



About you:

Your name: _____

Your phone number: _____

Your email address: _____

Portfolio brands: _____

of Hotels in your portfolio: _____

of Hotels under development _____

May we do a complete insurance program review? _____

Please complete one for each location

About Your Hotel

Legal Entity Name: _____

Address of Property: _____

City / ST / Zip: _____

Choice Property Code _____

Hotel Brand: _____

Own or Manage: _____

Insurance Needed By (date): _____

(mm/dd/yyyy)

Property insurance information

Replacement cost for Building coverage \$ _____

Replacement cost for Contents coverage \$ _____

Replacement cost for Detached Signs \$ _____

Business Income Value \$ _____

Desired Deductible \$ _____

Optional Deductible \$ _____

Liability insurance information

Estimated Annual Revenue \$ _____

Workers' Compensation insurance information

Estimated Annual Payroll (hotel code 9052) \$ _____

Estimated Number of Employees (FT/PT) _____ / _____

Property description

of Rooms _____

of Buildings _____

of Stories _____

Building Square Feet _____

Construction type (frame, concrete, etc.) _____

Year Built _____

Flood Zone _____

Sprinklers: yes no
if yes, % sprinklered _____

	interior	or	exterior
Corridor:			
Fitness Center:	yes		no
Conference Space:	yes		no
Pool:	yes		no
Non-smoking:	yes		no
Airport Shuttle:	yes		no
Restaurant:	yes		no
Liquor:	yes		no

Click to clear form:

Once complete, email to: harrison.haydock@imacorp.com



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