

**The Mahoney Group**  
**Hotel Motel Program Supplemental Application**

**General Information:**

Customer Code	<input type="text"/>		
Ownership Name	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Contact Person	<input type="text"/>	Phone #	<input type="text"/>
Effective Date	<input type="text"/>	Mobile	<input type="text"/>
		Fax	<input type="text"/>

Coverage Requested: Package     Automobile     Liquor     Restaurant

**Location Information:**

Location #	<input type="text"/>	# of Bldgs	<input type="text"/>	Prop ID Number	<input type="text"/>	QA Score	<input type="text"/>	
Number Units	<input type="text"/>	Location Tele	<input type="text"/>					
Location Manager	<input type="text"/>							
Location Name	<input type="text"/>							
Street Address	<input type="text"/>				City	<input type="text"/>		
County	<input type="text"/>				State	<input type="text"/>	Zip	<input type="text"/>
Building Value \$	<input type="text"/>	Contents \$	<input type="text"/>	Gross Income \$	<input type="text"/>			
Annual Room Rental \$	<input type="text"/>							
Year Built	<input type="text"/>	# Stories	<input type="text"/>	Bldg Const	<input type="text"/>	Roof	<input type="text"/>	
Square Footage	<input type="text"/>	Circuit Breakers	<input type="checkbox"/>	Wiring Type	<input type="text"/>			

<b>Occupancy:</b>	<b>Sprinklered:</b>	<b>Life Safety:</b>	<b>Pool:</b>
Hotel <input type="checkbox"/>	Full <input type="checkbox"/>	Peep Holes <input type="checkbox"/>	Self Closing doors <input type="checkbox"/>
Restaurant <input type="checkbox"/>	Partial <input type="checkbox"/>	Smoke Det. <input type="checkbox"/>	# Indoor <input type="text"/>
Convention <input type="checkbox"/>	None <input type="checkbox"/>	Fire Ext <input type="checkbox"/>	# Outdoor <input type="text"/>
Ext Stay <input type="checkbox"/>		Int Safety Lock <input type="checkbox"/>	5' Fence <input type="checkbox"/>
Building Updates			Depth Markers <input type="checkbox"/>

**Crime, Money and Security Exposure:**

Cash \$     Checks \$     CC receipts

Number of employees who handle money or securities?

Safe on Premises?

Do employees who reconcile the bank statement also:

Make deposits Y  N     Make withdrawals Y  N     Sign checks Y  N

All questions must be complete. Quote is subject to receipt of company loss runs and photos. Coverage is subject to on-site inspection, policy provisions, exclusions, conditions and deductibles.

<b>Agent / Broker Information:</b>	
Name	<input type="text"/>
Agency	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>
Street	<input type="text"/>
City/St/Zip	<input type="text"/>
E-mail	<input type="text"/>

I certify that information provided is true and correct to the best of my knowledge.