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PHILADELPHIA INSURANCE COMPANIES
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

COVER-PRO[SM] APPLICATION

HOTEL / MOTEL MANAGER SUPPLEMENT

1. Full name of the Applicant Firm: _____

2. Number of locations managed by the Applicant: _____

3. Does the Applicant have ownership interest in any of the locations managed? ☐ Yes ☐ No
   If yes, what percentage of the total does the Applicant own? _____ %

4. Total years of experience of the Applicant involving direct management of hotels: _____

5. Does the Applicant have written policies or procedures regarding:

   a. Internal accounting / bookkeeping: ☐ Yes ☐ No
   b. Customer complaints / dissatisfaction: ☐ Yes ☐ No
   c. Emergency /Catastrophe procedures: ☐ Yes ☐ No

6. Does the owner of the hotels managed carry GL insurance? ☐ Yes ☐ No
   a. If yes, provide details.
      i. Insurance company: _____
      ii. Policy number: _____
      iii. Limits of liability: _____
      iv. Policy expiration date: _____

7. Describe the backup system or procedures in place for your customer reservation system.

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro[sm] application and is subject to the same conditions as stated on the application.

Name (Please Print) _____ Title **(Must be Principal, Partner or Officer)** _____

Signature _____ Date _____