DWYER
INSURANCE

Innkeepers' Insurance Program Quick Quote Application

Complete and email to dfd@dfdwyer.com or fax to 401-849-4980

AGENT CONTACT INFORMATION:	
Agency: DF Dwyer Agency	Contact Name: Dan Dwyer
Contact Phone: 401-846-9629	Contact Fax: 401-849-4980
Email Address: dfd@dfdwyer.com	Web Address: www.dfdwyer.com

BASIC INSURED INFORMATION:			
Trade name of inn:			
Name of legal entity that owns the business:			
Legal formation of entity: Individual / Joint Owning Individuals ☐ LLC ☐ Legal Partnership ☐ Corp ☐			
Insured Premise Address:	Street:		
	City:	State:	Zip:

REQUIRED INDICATION INFORMATION:	
Expiring Carrier:	
Expiring Premium: $	Commission: % %
Room Receipts: $	Restaurants Receipts: $
Liquor Receipts: $	Wedding Receipts: $
Conf/Meeting Receipts: $	Gift Shop Receipts: $
Long Term Rental Receipts: $	Other Receipts: $
Average Nightly Room Rate: $	Total Contents Limit: $
Total Number of Habitational Buildings:	
Habitational Building #	Habitational Building Value
	$
	$
	$
	$
	$
Total Number of Outdoor Buildings:	
Building #	Building Value
	$
	$
	$
	$

NOTE: PLEASE LIST EACH HABITATIONAL BUILDING AND THE ESTIMATED REBUILD VALUE.
PLEASE LIST EACH OUT BUILDING AND THE ESTIMATED VALUE.
USE SEPARATE SHEET TO COMPLETE LISTING IF NECESSARY.

IF THIS INDICATION LEADS TO POLICY PLACEMENT, A FULL INNKEEPERS' APPLICATION WILL NEED TO BE SUBMITTED IN ORDER TO COMPLY WITH CARRIERS UNDERWRITING REQUIREMENTS.

PREMIUM INDICATIONS ARE CONTINGENT ON UNDERWRITING AND CARRIER REFERRAL