

Hospitality EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

Completed by:	In addition to the supplemental information, please attach the following if applicable: <ul style="list-style-type: none"> • 3 to 5 Year Currently Valued Loss Runs • Associated Premium Figures • Experience Rating Worksheet
Title:	
Date:	

General Information and Operations

Company Name:	FEIN:
Number of years experience in this industry:	Number of years managing in this industry:

Business Operations:
 (Please Check All that Apply)

<input type="checkbox"/> Cabins	<input type="checkbox"/> Hotel	<input type="checkbox"/> Retreat Facilities
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Motel	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dude Ranch	<input type="checkbox"/> Resort	
<input type="checkbox"/> Hostel	<input type="checkbox"/> RV Campground	

Additional Services Provided:
 (Please Check All that Apply)

<input type="checkbox"/> Bar*	<input type="checkbox"/> Restaurant Operated by the Applicant*
<input type="checkbox"/> Casinos	<input type="checkbox"/> Restaurant Operated by Another Entity*
<input type="checkbox"/> Golf Course/ Country Club	<input type="checkbox"/> Security Services
<input type="checkbox"/> Guide & Outfitting	<input type="checkbox"/> Shuttle Service
<input type="checkbox"/> Nightclub	<input type="checkbox"/> Other: _____

* Please complete the Restaurant Section of the application

Identify the applicant's management structure?
 (Please Check All that Apply)

<input type="checkbox"/> Franchise	<input type="checkbox"/> Management Company
<input type="checkbox"/> Locally Owned and Operated	<input type="checkbox"/> Other: _____

What is the shift duration? _____ hrs. **How many employees per shift?** _____ employees

Are any buildings under renovation? Yes No

If yes, who performs the renovations? Applicant's Employees Subcontractors Other: _____

Does the applicant maintain ownership in any other entities? Yes No

If yes, please provide the Name/ DBA, Federal Identification Number, and Percentage of Ownership:

Name/DBA	FEIN	Percentage of Ownership

Restaurant/Bar Operations

Service Provided:

(Please Check All That Apply)

- Catering
- Room Service
- Continental Breakfast
- Other: _____
- Full-Service Breakfast/Lunch/Dinner

Does the applicant employ wait staff? Yes No

What are the typical hours of operation? _____

Does the applicant provide food delivery service? Yes No

Do alcoholic beverages account for 50% or more of the entity's gross receipts? Yes No N/A

Is live entertainment provided? Yes No

Does the establishment have a dance floor? Yes No

Are bouncers responsible for physical crowd control? Yes No N/A

Employees

How many employees are on staff: Full Time: _____ Part Time: _____

How are employees paid?

(Please Check All That Apply)

- W-2's
- 1099's
- Cash
- Other: _____

Is room and board offered to employees as compensation for services provided? Yes No

If yes, what is the rental value? \$ _____

* Please note: Rental Values must be included in payroll

What percentage of the work is subcontracted? _____%

If subcontractors are used, are Certificates of Insurance obtained? Yes No

* Please note: Premiums must be paid on uninsured subcontract labor

If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?

- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____

Please check all hiring practices utilized by the applicant:

- | | |
|---|---|
| <input type="checkbox"/> Applicant Interviews | <input type="checkbox"/> Post-Offer Physicals |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Reference Checks |
| <input type="checkbox"/> Drug Testing/Screening | <input type="checkbox"/> New Employee Orientation |
| <input type="checkbox"/> Medical Questionnaires | <input type="checkbox"/> Other: _____ |

Safety Information

Is a safety program utilized in the workplace? Yes No **If yes, is the program?** Written Verbal

Does the safety program address/include:

(Please Check All that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Accident/Injury Investigation | <input type="checkbox"/> Safety Committee/Safety Officer |
| <input type="checkbox"/> Blood Borne Pathogen Protocol | <input type="checkbox"/> Safety Data Sheets (SDS) |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Safety Incentive Program |
| <input type="checkbox"/> Proper Lifting | <input type="checkbox"/> Safety Orientation |
| <input type="checkbox"/> Progressive Disciplinary Action Plan | <input type="checkbox"/> Third Party Safety Company |
| <input type="checkbox"/> Return to Work Program | <input type="checkbox"/> Other: _____ |

Does the driving program address/include: N/A

(Please Check All that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Cell Phone Usage | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage |
| <input type="checkbox"/> Initial and Routine MVR Checks | <input type="checkbox"/> Vehicle Tracking Device |

Does the applicant perform regular safety training? Yes No

If yes, identify the frequency:

- Daily Weekly Monthly Quarterly Annually Other: _____

Please identify the individual responsible for safety training and their title:

Name: _____ Title: _____

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.