



**COVER-PRO<sup>SM</sup> 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<sup>SM</sup> 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