

Hotel/Motel Supplemental Application

Applicant Name: _____ Local Address _____
 Mailing Address: _____

General Information

1. Year Built: _____ Construction _____ # Stories _____ # of Rooms _____
2. Year Updated: Heating: _____ Roof: _____ Wiring: _____ Parking area: _____
3. Type of Wiring? Copper Aluminum Pig-Tailed
4. Average Room Rate: \$ _____ Average Occupancy rate: _____%
5. Is this a seasonal occupancy? Yes No
6. Number of years in business? _____
7. Do the rooms open to: Outside Interior Hallway
8. Who manages the hotel? Owner Operated Hired Management
9. Number of years management experience? _____
10. If hired management, is applicant named additional insured with hold harmless on the manager's policy? Yes No
11. Are any rooms rented for a period less than 24 hours? Yes No
12. Gross Annual Sales:
 Hotel Excl. Food/Liquor: _____ Food: _____ Liquor: _____ Other: _____

Fire and Safety Information

13. Sprinklered? Yes No % Sprinklered: _____
14. Smoke detectors in each unit? Yes No Hard-wire Battery How often check? _____
15. Emergency Lighting? Yes No
16. Central Station alarms? Yes No
17. Cooking facilities in rooms? Yes No
 If yes, please describe: _____
18. Is there an elevator? Yes No # of elevators: _____
 If yes, is there an elevator maintenance agreement in effect naming applicant as additional insured with hold harmless? Yes No
19. Non- skid surfaces in tub? _____

Security

20. Is security provided? Yes No
21. If yes, what time? Guards Cameras
 If there are security guards present, please answer the following questions:
 Are the guards: Armed Unarmed
 Are the guards: Employees Independent Contractors Off duty police
22. If independent contractors:
 - a. Certificates of Insurance obtained? Yes No
 - b. Applicant named additional insured with hold harmless on security's policy? Yes No
 - c. Criminal checks done on employees? Yes No

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- | | | | |
|-----|---|-----|----|
| 23. | Electronic locks with card keys on room doors? | Yes | No |
| 24. | Are sliding doors equipped with additional locks? | Yes | No |
| 25. | Do room doors have peepholes and dead bolts? | Yes | No |
| 26. | Have there been any previous incidents of physical or sexual assault? | Yes | No |
| | If yes, please explain: _____ | | |

Maintenance

- | | | | |
|-----|---|--|----------------|
| 27. | Is maintenance, landscaping, or snow removal performed by: | | Employees |
| | | | Subcontractors |
| 28. | If an outside contractor: Certificates of Insurance are obtained | | |
| | Applicant is named add'l insured w/ hold harmless sub's on policy | | |

Swimming Pool Information

Check here if not applicable

- | | | | |
|-----|--|-----|----|
| 29. | Number of pools: _____ | | |
| 30. | Is there a diving board or slide? | Yes | No |
| 31. | Is the pool area fenced from all unit? | Yes | No |
| 32. | Self-closing gates? | Yes | No |
| 33. | Life saving equipment in place? | Yes | No |
| 34. | Rules posted? | Yes | No |
| 35. | Lifeguards? | Yes | No |
| | If yes, are lifeguards: Employees Subcontractors | | |
| | If subs, are COI obtained? | Yes | No |

Other Recreational Facilities

36. Any of the following? Please describe all yes answers in details below.					
	Yes	No		Yes	No
Sauna/Spa			Massage Therapist		Bathing Beaches
Playground			Fitness Center		Jogging Trails
Jacuzzi's			Tanning Beds		Other:

- | | | | |
|-----|--|-----|----|
| 37. | If there are massage therapists, are they: Employed Independent contractors | | |
| | If a sub, is applicant named additional insured w/ hold harmless on masseuse's policy ? | | |
| | | Yes | No |
| 38. | If there is a spa is it: Managed by the applicant Run by a sub contractor- Sq. Footage _____ | | |
| | If leased, is applicant named add'l insured w/ hold harmless on spa's policy? | | |
| | | Yes | No |
| 39. | Does applicant provide or rent bicycles, watercraft or other equipment for guests' use? | | |
| | | Yes | No |

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Restaurant/ Mercantile Facilities

- | | | | | |
|-----|---|--|-----|----|
| 40. | Any restaurant or bar? | | Yes | No |
| | Owner Operated Leased to Others- Square Footage _____ | | | |
| 41. | Is there an ansul system? | | Yes | No |
| 42. | Is there a service agreement? | | Yes | No |
| 43. | If leased, is applicant named add'l insured w/hold harmless to tenant policy? | | Yes | No |
| 44. | If owned, attach a restaurant/bar supplemental application? | | Yes | No |
| 45. | Any mercantile facilities? | | Yes | No |
| | Owner Operated Leased to Others- Square Footage _____ | | | |
| 46. | Any other facilities that are leased to others? | | Yes | No |
| 47. | Is applicant named add'l insured w/hold harmless to tenant policy? | | Yes | No |

Other Services

- | | | | | |
|-----|---|--|-----|----|
| 48. | Transportation provided to guest? | | Yes | No |
| 49. | Is valet parking provided? | | Yes | No |
| | By applicant By sub contractor | | | |
| 50. | If subbed, is applicant named add'l insured with hold harmless on sub's policy? | | Yes | No |

*Any person who knowingly and with intent to defraud any insurance program company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
* not applicable in all states

Applicant Signature

Date

Producer

Date