



Hotel / Motel Supplemental Application

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Website Address: _____ Years in Business (Years): _____

Section II – Business Information

1. Which of the following best describes the applicant's operation? (Check all that apply.)

- Full-Service Hotel
 Limited-Service Hotel
 Extended-Stay Hotel
 Convention Hotel
 Motel
 Bed & Breakfast Inn
 Other: describe: _____

2. Please describe the clientele. (Check all that apply.)

- Family-Oriented
 Destination Resort
 Business Travel
 Bed & Breakfast

3. Rooms are rented (Check all that apply.)

- Hour
 Day
 Week
 Month

4. Is Applicant open year round? Yes No

If NO, average number of months per year in operation? _____

5. Is there a manager on the premises/duty 24 hours daily? Yes No

6. Is the Applicant recommended by local Chamber of Commerce or American Automobile Association (AAA)? Yes No

7. Does the Applicant have a national affiliation? Yes No

If YES, with whom: _____

Section III – Revenue Information

1. Please provide a breakout of annual gross sales of insured's and their concessionaire's operations:

	Current Year	1st Prior Year	2nd Prior Year
Room Rental	\$	\$	\$
Convenience Store	\$	\$	\$
Food from restaurant or lounge	\$	\$	\$
Liquor from restaurant or lounge	\$	\$	\$
Conferences and Convention	\$	\$	\$
Equipment Rental (snowmobiles, boats, skis, etc.)	\$	\$	\$
Other (describe): _____	\$	\$	\$
Total of above	\$	\$	\$

Section IV – Building Information

1. Building Square Footage: _____ Number of Rooms: _____ Number of Buildings: _____
 Parking Area Footage: _____ Number of Elevators: _____ Number of Stories: _____
 Year Built: _____ Average Room Rate: _____ Occupancy Rate: _____

2. If building is over 15 years old, when were the following updates performed?

HVAC: _____ Electrical: _____ Plumbing: _____ Roof: _____

Section V – Recreational Facilities

1. Please indicate if any of the following are present:

- Sauna/Spa Massage Therapist Beaches Jacuzzi/Hot Tub Fitness Center
 Jogging Trails Playground Tanning Beds Saddle Animals Basketball
 Racquetball Skiing Golf Course Other: (describe): _____

2. If massage therapists, are they: Employees Independent Contractors

If a sub, is Applicant named as additional insured withhold harmless on masseuse's policy? Yes No

3. If there is a spa, is it: Managed by the applicant Run by a subcontractor

If leased, is Applicant named as additional insured withhold harmless on spa's policy? Yes No

4. Does the hotel/resort provide water sports? Please check all that apply.

Activity:			Operated By:	
Scuba/Snorkeling:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Applicant	<input type="checkbox"/> Concessionaire
Sailing/Boat Rental:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Applicant	<input type="checkbox"/> Concessionaire
Windsurfing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Applicant	<input type="checkbox"/> Concessionaire
Parasailing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Applicant	<input type="checkbox"/> Concessionaire
Deep Sea Fishing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Applicant	<input type="checkbox"/> Concessionaire
Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Applicant	<input type="checkbox"/> Concessionaire

5. If YES on WATER SPORTS for Scuba, please answer the following:

- a.** Are Scuba Divers employed by hotel? Yes No
b. Do Guests receive instructions prior to diving? Yes No
c. Does Hotel/Resort provide equipment? Yes No

6. For CONCESSIONAIRES of water sports:

a. Are Concessionaires legally/contractually required to purchase insurance? Yes No

If YES provide:

Coverage: _____ Limits: _____

- b.** Does Hotel/Resort have current Certificate(s) of Insurance on file? Yes No
c. Is Hotel/Resort named as Additional Insured on Lessee(s) Insurance Policy(s)? Yes No

Section VI – Pools

1. Are there any pools on the premises? Yes No

If YES, please answer the following questions:

- a.** Number of pools: _____
b. Are all pools fenced with self-latching gates? Yes No
c. Height of fence? _____
d. Are the depth markings clearly shown? Yes No
e. Are warning signs and rules posted and clearly visible? Yes No
f. Is rescue equipment, including ring buoy and Sheppard's Hook, available poolside? Yes No
g. Are there any water slides, diving boards, diving platforms, rafts or similar equipment? Yes No
h. Are walking surfaces slip-resistant? Yes No

2. Are lifeguards present? Yes No

If YES, are lifeguards provided by: Applicant Pool Management Company

3. If provided by pool management company:

- a.** Applicant named as additional insured withhold harmless on subcontractor's policy? Yes No
b. Independent contractor provides certificates of insurance with at least \$1,000,000 liability limits? Yes No

4. Are all swimming pools and hot tubs in compliance with the Virginia Graeme Baker Safety Act? Yes No

Section VII – Restaurant / Lounge / Mercantile Facilities

1. Are there any restaurant/lounge operations on the premises? Yes No
- a. If YES, is restaurant/lounge operated by: Applicant Leased to Others
- b. If restaurant/lounge operation is owner-operated, attach Restaurant & Tavern Supplemental. Yes No
- c. If restaurant/lounge operation is leased to others, does the subcontractor provide certificates of insurance with at least \$1,000,000 liability limits and does the subcontractor name the applicant as an additional insured on their policy? Yes No
2. Are there any mercantile operations in building? Yes No
- a. If YES, is mercantile operations: Owner operator Leased to Others
- b. If mercantile operation is leased to others, does the subcontractor provide certificates of insurance with at least \$1,000,000 liability limits and does the subcontractor name the applicant as an additional insured on their policy? Yes No

Section VIII – Banquet Facilities / Catering

1. Does the applicant provide catering services on premises (e.g., banquets, wedding receptions, etc.)? Yes No
- If YES, how many events per year: _____
2. Is liquor served on the premise? Yes No
- If YES, please complete the Liquor Supplement.

Section IX – Convention / Trade Shows

1. Does the applicant provide convention/trade shows? Yes No
- If YES, annual number of shows: _____
2. Does the applicant serve liquor at these events? Yes No
- If YES, please complete the Liquor Supplement.

Section X – Additional Services

1. Does the applicant provide any onsite childcare for customers or employees? Yes No
- If YES, please complete the following:
- a. Does the babysitting service ever take place in the guest's room? Yes No
- b. Is the babysitting services licensed by the state? Yes No
- c. Is a minimum of one staff member certified in first aid present at all times? Yes No
- d. Are signed releases for emergency medical treatment/dispensing of medication obtained? Yes No
2. Does the applicant provide a shuttle/limousine service for their customers? Yes No
- If YES, are shuttle services provided by? You Contractor
3. Is there a valet parking service? Yes No
4. Is the valet parking provided by an independent service company? Yes No
- a. If subcontracted, is applicant named as additional insured with a hold harmless on subcontractor's policy? Yes No

Section XI – Maintenance

1. Do you have written procedures for inspecting and maintaining of your premises? Yes No
2. Who performs building and/or site maintenance, service and repair?
- a. Landscaping/Lawn care Operations: Employee Independent Contractor NA
- b. Snow & Ice Removal Employee Independent Contractor NA
- c. General Maintenance & Repairs Employee Independent Contractor NA
- d. Elevator Maintenance & Repair Employee Independent Contractor NA
3. If done by an independent contractor:
- a. Is Applicant named as additional insured with a hold harmless on subcontractor's policy? Yes No
- b. Does independent contractor provide certificates of insurance with at least \$1,000,000 liability limits? Yes No

Section XII – Fire Protection

1. Is the complex in compliance with all applicable state and local statutes governing safety devices? Yes No
2. Are there smoke alarms in each unit? Yes No
If YES, are they: Hard-Wired Battery Both
3. Are carbon dioxide detectors in each unit? Yes No
Are detectors: Hard-Wired Battery Both
4. Are buildings sprinklered? Yes No
If YES, what percentage: _____ %
5. Does building have a Central Station Fire Alarm? Yes No
6. Is there aluminum wiring on the premises?
 - a. Is the aluminum wiring repaired? Yes No
If YES, please describe: _____
7. Is a secondary means of egress provided if over two stories? Yes No
8. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room? Yes No
9. Do all buildings/floors have clearly marked fire exits? Yes No
10. Emergency lighting provided in all common areas? Yes No
11. Do individual guest rooms have balconies? Yes No
If YES, are balcony platforms and railings regularly inspected for structural integrity? Yes No
12. Are cooking facilities provided in guest rooms? Yes No
 - a. If YES, is there an operational automatic extinguishing system in place? Yes No
 - b. Are extinguishing systems inspected on a regular basis? Yes No
How often: _____
13. Are shower/tub surfaces protected by non-skid surfaces? Yes No

Section XIII – Security

1. Does the Applicant complete background checks on all newly hired employees? Yes No
2. Does the employment process include verification of whether the individual has ever been convicted of any crimes, including sex-related or child abuse-related offenses? Yes No
3. Employees are required to wear ID badges at all times? Yes No
4. Room doors have viewing devices (peep holes)? Yes No
5. Room doors have deadbolt locks and door chains? Yes No
6. Adjoining room doors have deadbolt lock? Yes No
7. Does the Applicant use card keys in lieu of metal keys? Yes No
8. Are rooms accessible by interior or exterior hallways? (Please specify) _____
9. Sliding glass doors have security bars or poles within door tracks? Yes No
10. Facility has CCTV for monitoring parking and entrances? Yes No
11. Premises lighting in parking areas, walkways & common areas? Yes No
12. Does the applicant provide security services? Yes No
If YES, please answer the following questions:
 - a. Are the guards: Armed Unarmed
 - b. Are the guards: Employees Independent Contractors Off-duty Police**If independent contractors are used:**
 - a. Applicant named as additional insured with a hold harmless on security firm's policy? Yes No
 - b. Does independent contractor provide certificates of insurance with at least \$1,000,000 liability limits? Yes No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY