

HOTEL/MOTEL SUPPLEMENTAL APPLICATION

Required documents, in addition to this application:

- Loss runs, dated within 60 days of submission, covering the past five years
- Declarations page from current insurance carrier, showing retroactive date if claims-made coverage

APPLICANT INFORMATION

| | |
|---------------------------------|--|
| Legal name of Applicant: | |
| Mailing Address: | |
| Location Address: | |

(If there are multiple locations, please attach a list separately)

| | | | |
|--------------------------|---------------------|-----------------|------------------------|
| Date Established: | | Website: | |
| Legal Structure: | For Profit | Non-Profit | Government |
| | Sole proprietorship | Corporation | Partnership |
| | | | Joint Venture |
| | | | Other (please explain) |

| | | | |
|---|--|----------------------|--|
| Inspection Contact (name, position): | | Phone Number: | |
|---|--|----------------------|--|

BUSINESS INFORMATION

1. Please describe Type of Operation:

| | | |
|------------------|---------------------|-----------------------|
| Motel | Full-Service Hotel | Limited-Service Hotel |
| Convention Hotel | Bed & Breakfast Inn | Extended-Stay Hotel |

2. Rooms are rented (check all that apply)

| | | | |
|--------|-------|--------|---------|
| Hourly | Daily | Weekly | Monthly |
|--------|-------|--------|---------|

3. Please provide revenues:

| | Current Year | 1 st Prior Year | 2 nd Prior Year |
|----------------------------------|--------------|----------------------------|----------------------------|
| Room Rental | \$ | \$ | \$ |
| Convenience Store | \$ | \$ | \$ |
| Food from Restaurant or Lounge | \$ | \$ | \$ |
| Liquor from Restaurant or Lounge | \$ | \$ | \$ |
| Event Sales | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Total of the above | \$ | \$ | \$ |

4. Please provide the:

| | | | |
|-------------------------|--|---------------------|--|
| Average Room Rate (\$): | | Occupancy Rate (%): | |
|-------------------------|--|---------------------|--|

5. Does the applicant have a brand affiliation?

| | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

If Yes, with whom?

PREMISES INFORMATION

6. Please provide the square footage of all buildings:

| |
|--|
| |
|--|

| | | | | | |
|---|--------|----------|-------|-------|----|
| 7. Please Provide Number of: | | | | | |
| Buildings | | Stories | | Rooms | |
| 8. Area of risk: | | | | | |
| Metro/City | Suburb | | Rural | | |
| 9. In what year was the building or buildings constructed? | | | | | |
| 10. How many years has the applicant owned the building(s)? | | | | | |
| 11. Are there elevators in the building? | | | | Yes | No |
| If yes, is there a maintenance contract in place with a licensed contractor? | | | | Yes | No |
| 12. Provide type of construction: | | | | | |
| 13. In what year were the following updates last performed? | | | | | |
| Heating | | Plumbing | | | |
| Electrical | | Roofing | | | |
| 14. Are there any owned parking areas? | | | | Yes | No |
| 15. Do you lease any part of the premises to other entities? | | | | Yes | No |
| If yes, describe tenants, operations and total square footage leased: | | | | | |
| 16. Are there any guest rooms with occupancy > 6 persons? | | | | Yes | No |
| 17. Are there any shared sleeping spaces of bathrooms (hostel/dorm style)? | | | | Yes | No |
| If yes, are facilities co-ed? | | | | Yes | No |

SWIMMING FACILITIES

| | | | |
|--|--|--------------------|--------|
| 18. How many swimming pools are there on site? | | Pool hours: | |
| 19. Is the pool completely fenced? | | | Yes No |
| 20. Are gates locked during non-pool hours? | | | Yes No |
| 21. Are there diving boards or slides? | | | Yes No |
| 22. Are rules posted? | | | Yes No |
| 23. Are depth markings clearly shown? | | | Yes No |
| 24. Is life-safety equipment (ring buoy and reaching pole) available poolside? | | | Yes No |
| 25. Is there a lifeguard on duty? | | | Yes No |
| If no, are "No Lifeguard On Duty" signs posted? | | | Yes No |
| 26. Are all pools/spas fitted with Virginia Graeme Baker Act compliant anti-entrapment drain covers | | | Yes No |

OTHER FACILITY FEATURES

| | | | | | |
|--|-----|----|-------------------------------|-----|----|
| 27. Are the following recreational facilities available to customers: | | | | | |
| Tennis Courts | Yes | No | Lakes/Ponds/Ocean Access | Yes | No |
| Volleyball Courts | Yes | No | Boat Rental Operations | Yes | No |
| Basketball Courts | Yes | No | Bathing Beaches | Yes | No |
| Baseball Fields | Yes | No | Playgrounds | Yes | No |
| Fitness Center | Yes | No | Kids Programs/Day Camps | Yes | No |
| Clubhouse | Yes | No | Sauna/Spa | Yes | No |
| Convenience Store | Yes | No | Other (please describe below) | Yes | No |

| | | | |
|---|--|-----------|----------------|
| 28. Describe the ground cover for playground areas as well as the age and type of equipment: | | | |
| 29. Will any special events be hosted on applicant's premises during the upcoming policy period and/or does applicant regularly hold special events at the premises? | | Yes | No |
| If yes, will liquor be served at these events? | | Yes | No |
| 30. For any third-party events, are the third-parties (hosts, vendors, etc) required to provide COIs naming the applicant as an additional insured? | | Yes | No |
| 31. Are animals allowed on premises? | | Yes | No |
| If yes, what breed and size restrictions are in place? | | | |
| 32. Does the applicant provide any valet parking? | | Yes | No |
| If yes, is it provided by: | | Employees | Subcontractors |
| If yes, are vehicles stored in: | | Garage | Open Lot |
| If subcontractors, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? | | Yes | No |
| 33. Does the applicant provide shuttle service? | | Yes | No |
| If yes, is it provided by: | | Employees | Subcontractors |
| If subcontractors, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? | | Yes | No |

RESTAURANT/BAR/LOUNGE INFORMATION

| | | | |
|---|--|-----------------------|------------------|
| 34. Is there a restaurant, bar or lounge on the applicant's premises? | | Yes | No |
| If yes, is the restaurant, bar or lounge: | | Operated by Applicant | Leased to Others |
| <i>If operated by applicant, please complete a restaurant, bar or tavern supplemental application</i> | | | |
| If leased to others, what is the square footage of the restaurant, bar or lounge? | | | |
| If leased to others, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? | | Yes | No |
| 35. Does the applicant provide entertainment as part of operations? | | Yes | No |
| If yes, is there a dance floor? | | Yes | No |

MAINTENANCE

| | | | |
|---|--|-----|----|
| 36. Is/are maintenance staff on site? | | Yes | No |
| 37. Is any maintenance work subcontracted? | | Yes | No |
| If yes, what type of work? | | | |
| 38. If subcontractors are required to perform any work on premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? | | Yes | No |
| 39. Are there any construction or renovation projects in progress or planned during the coming year? | | Yes | No |
| If yes, please explain: | | | |

FIRE SAFETY AND ROOM SAFETY

| | | | |
|---|--|-----------------------|--------------------|
| 40. Type of wiring: | | Copper | Aluminum |
| 41. Are there any Stab-Lok breakers or Knob and Tube wiring? | | Yes | No |
| 42. Is the facility fully sprinklered? | | Yes | No |
| 43. Are there smoke alarms in each room? | | Yes | No |
| If yes, are the alarms: | | Hardwired | Battery |
| 44. Does the building have a central station alarm? | | Yes | No |
| If yes, is it connected to: | | Local Fire Department | Monitoring Station |
| 45. Are there emergency lights in all common areas including stairwells? | | Yes | No |
| 46. Are there carbon monoxide detectors in each unit? | | Yes | No |
| If yes, are the detectors: | | Hardwired | Battery |
| 47. Are there two means of egress from each floor? | | Yes | No |
| If no, please explain: | | | |
| 48. Are evacuation instructions and nearby exits posted in every guest room? | | Yes | No |
| 49. Are rooms equipped with kitchen appliances other than a microwave, refrigerator or coffee maker? | | Yes | No |
| If yes, what appliances? | | | |
| If yes, is there a fire suppression or extinguishing system or equipment? | | Yes | No |
| 50. Do any rooms have balconies? | | Yes | No |
| If yes, are annual inspections performed with records maintained? | | Yes | No |
| 51. Do any rooms have sliding glass doors? | | Yes | No |
| If yes, are security bars or poles installed in every track? | | Yes | No |

SECURITY

| | | | |
|--|--------------------------|---------------|----------|
| 52. Are security guards onsite? | | Yes | No |
| 53. If yes, are security personnel: | | | |
| Employed | Off Duty Law Enforcement | Subcontracted | |
| If security personnel are subcontractors, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? | | Yes | No |
| 54. Do you have armed security? | | Yes | No |
| 55. Provide days of the week security is on duty at applicant's location: | | | |
| 56. Provide hours security guard is on duty: | | | |
| 57. Are background investigations conducted on all employees, including those employees who perform security duties? | | Yes | No |
| 58. Are written security instructions (locking, emergency contacts) posted in every room? | | Yes | No |
| 59. Do room doors have viewing devices (peep holes)? | | Yes | No |
| 60. Do room doors have deadbolt locks and door chains? | | Yes | No |
| 61. Are there adjoining rooms on applicant's premises? | | Yes | No |
| If yes, do adjoining rooms have deadbolt locks? | | Yes | No |
| 62. Are rooms accessible by interior or exterior hallway? | | Interior | Exterior |



| | | |
|--|-----|----|
| 63. Does the facility have CCTV for monitoring parking and entrances? | Yes | No |
| 64. Does the applicant maintain adequate premises lighting in all parking areas, walkways and common areas? | Yes | No |

SUPPLEMENTAL INFORMATION

Please use the space below to provide additional details for any questions requiring additional space for answers.

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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 and may be subject to fines and confinement in prison.



NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 subjects the person to criminal and civil penalties.

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

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

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant Signature _____

(Must be signed by an owner, principal, partner or officer)

Title: _____

Date: _____