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:	☐ Yes	☐ No	☐ Applicant	☐ Concessionaire
Sailing/Boat Rental:	☐ Yes	☐ No	☐ Applicant	☐ Concessionaire
Windsurfing:	☐ Yes	☐ No	☐ Applicant	☐ Concessionaire
Parasailing:	☐ Yes	☐ No	☐ Applicant	☐ Concessionaire
Deep Sea Fishing:	☐ Yes	☐ No	☐ Applicant	☐ Concessionaire
Other: _____	☐ Yes	☐ No	☐ Applicant	☐ 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/Lawncare 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? ☐ Yes ☐ No
   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