

STARR INDEMNITY & LIABILITY COMPANY HOTEL / MOTEL SUPPLEMENTAL APPLICATION

Agency: Specialty Insurance Agency, Inc.

OWNERSHIP:

Applicant: _____ SS # of Owner _____

Number years owned this risk _____ Number years in Motel/Hotel business _____

Has owner been involved now or ever in any Bankruptcies? _____, Foreclosures? _____,
Tax Liens? _____, Business Failures? _____, Litigation? _____.

Is manager/owner on premises 24/7? _____

Does owner do employee background checks? _____ Number of Employees _____

Is there a program in affect to provide safety to guests? _____, For Pool maintenance? _____
Beds, Cribs, Appliances _____.

GENERAL:

Is the risk open year round? _____. If no explain.

Any rentals monthly? _____ hourly? _____

Any rentals to government, municipal sponsored, welfare housing programs? _____. To colleges for
dormitory residences? _____, or other similar type rentals? _____.

Total Units _____ Average room rates \$ _____ Occupancy rate _____

SECURITY:

What if any security is present at facility? Guards? _____, Armed? ____ Are they contracted? _____

What type of locks are on guest rooms? Electronic? _____, Standard? _____. Do keys have room number on
them? _____.

Are security cameras installed? _____,

How does risk control access to guest keys? _____.

Are there written guidelines provided to staff on risk's security measures? _____

Do rooms have peepholes? _____ Do rooms open to outside or to inside hallway? _____

PROPERTY:

Construction: Frame, Masonry, Non Combustible, Masonry N/C, Fire resistant. (Circle One)

Number of buildings _____ ; Number of units total _____ ; Number of units in each building _____

Stories of each building: _____ Is risk 100% sprinkled? _____

Distance from Ocean, Gulf or Bay _____

Updates: Roofing? _____; Wiring? _____; Heating? _____; Plumbing? _____ (Give Dates)
Any aluminum wiring? _____

Is cooking permitted in any rooms, i.e., Kitchenettes _____

Type of alarms: Central station Fire, Burglary, Other _____, None.

GENERAL LIABILITY:

Swimming Pools _____, How many? _____, Indoor or Outdoors?

Are they fenced? _____. Are pool rules displayed? _____. Any diving boards, slides? _____

Is safety equipment available at poolside? i.e. life preservers? _____. Are depths marked clearly for all to see? _____

Are there any hazardous recreational activities, such as playgrounds? _____: Fitness Centers? _____
Boating? _____, Other? _____ Do bathtubs have non slip surfaces? _____. Any Day Care facilities? _____.
Any Mercantile facilities? _____, Banquet facilities? _____, Convention facilities _____
Number of events per year _____: Are COI's obtained by insured if outside contractors are used? _____

Are rooms equipped with smoke detectors? _____ Hardwired? _____

Are there mercantile facilities on premises? _____. Are they leased out? _____. Are COI's obtained? _____

Does insured have a commercial auto policy? _____. If so, NOA/HC must go on the CA policy.

Any elevators? _____ Are inspections up to date? _____

Any Nite Clubs, Lounges on premises? _____

FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of felony in the third degree.

Insured's Signature _____
(Must Be Signed by Insured to Bind)

Date _____

Agent _____

Salesperson _____

Address _____

Phone # () _____

E-Mail _____

Fax # () _____

State Producer License Number _____