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Hotel/Motel Supplemental Application

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? _____

STATEMENT OF INSURED:

The signing of this application does not bind the Applicant nor any company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the acceptance of contract. It is therefore the warranty of the undersigned that the information contained herein is true and correct, and it is hereby understood that the policy will be warranted based on this information. It is further understood that any person who knowingly and with the 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 violation.

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

Agent _____	Salesperson _____
Address _____	Phone # (____) _____
_____	FAX # (____) _____
E-Mail _____	_____