

Hotel/Motel Supplemental Application

Complete in addition to Acord Applications

NAME OF APPLICANT _____

Location Address: _____

I. ACCOUNT INFORMATION

1. Operations: ☐ Hotel ☐ Motel ☐ Bed and breakfast ☐ Resort ☐ Dude ranch ☐ Cabins
☐ Other (describe) _____

2. Years in business: _____ Years of hotel management experience: _____

3. Franchise: ☐ Yes ☐ No If "Yes," please list franchise affiliation: _____

4. Description of management: ☐ Owner/Operator ☐ Corporate owned and operated
☐ Corporate owned – operation has been sub-contracted to others
☐ Other _____

5. Total annual receipts and occupancy rates:

	Full Prior Year	Estimated Current Year	Estimated Next Year
Room Receipts	\$ _____	\$ _____	\$ _____
Occupancy Rate	% _____	% _____	% _____

6. Number of rooms: _____

7. Average room rate: \$ _____ per night

8. Room access: ☐ Interior ☐ Exterior

9. Rooms rented by the: ☐ Hour ☐ Day ☐ Week ☐ Month

10. Are guests permitted to rent rooms for over four consecutive weeks? ☐ Yes ☐ No

11. Number of months opened each year: _____ months

12. Is there a manager or acting manager on duty at all times? ☐ Yes ☐ No

13. Does management have written procedures regarding emergencies, guest safety and incident reports, and are all employees trained on them? ☐ Yes ☐ No

14. Is any internal or external building maintenance (e.g. landscaping and/or snow removal) performed by an outside contractor? ☐ Yes ☐ No

If "Yes," please check all that apply:

☐ Certificates of insurance are obtained

☐ Applicant requires general liability coverage with limits of at least \$1,000,000

☐ Applicant is listed as an additional insured on subcontractor's policy

15. Have there been any arrests at your location in the past year? ☐ Yes ☐ No

If "Yes," please provide details: _____

16. Have there been any assault or battery incidents at your location in the past year? ☐ Yes ☐ No

If "Yes," please provide details: _____

17. What is your policy on pets in guest rooms? _____

18. What is your policy on smoking? _____

19. What are your procedures for securely storing guests' valuables if requested? _____

II. BUILDING INFORMATION/PROTECTION:

20. Number of stories? _____

21. If over three stories, are all interior stairwells equipped with self-closing/locking fire doors?

☐ N/A

☐ Yes

☐ No

22. Is building(s) fully sprinklered?

☐ Yes

☐ No

% Sprinklered _____

23. How often is sprinkler system checked by licensed contractor?

☐ Annually

☐ Semi-Annually

☐ Other: _____

24. Is the building(s) equipped with a central station fire alarm?

☐ Yes

☐ No

25. Is functioning and operational emergency lighting in place in all hallways and common areas?

☐ Yes

☐ No

26. If the building was built prior to 1978, is all wiring on functioning and operational circuit breakers and without aluminum or knob and tube wiring?

☐ N/A

☐ Yes

☐ No

27. Are all doors other than the main entrance accessible only with a guest key?

☐ Yes

☐ No

If "No," please explain: _____

28. Types of security:

☐ Cameras

☐ Guards

☐ Alarm System

☐ Central Station Burglar Alarm

If "Guards," are they:

☐ Employees

☐ Contracted

☐ Armed

29. Is there any renovation work to the building now or planned for the next 12 months?

☐ Yes

☐ No

If "Yes," please provide details: _____

III. EMPLOYEE INFORMATION

30. Are pre-employment checks, including criminal background checks, run on all new hires?

☐ Yes

☐ No

31. How many employees are on duty at the front desk between 10 p.m. and 6 a.m.? _____

32. How often are all cash and checks removed from the premises for deposit? _____

33. Are all checks marked "for deposit only" and countersigned?

☐ Yes

☐ No

IV. ROOM INFORMATION

34. Room entry type:

☐ Metal keys

☐ Electronic key card

☐ Other: (describe) _____

a. Are room numbers displayed on keys?

☐ Yes

☐ No

b. Are locks changed immediately if keys are not returned?

☐ Yes

☐ No

c. Are electronic card keys reprogrammed after check-out?

☐ Yes

☐ No

35. Security measures on guest doors: (Check all that apply)

☐ Peep holes

☐ Dead bolts

☐ Door chains

☐ Self-closing door

36. Do adjoining room doors have deadbolt locks?

☐ Yes

☐ No

37. Is an evacuation plan posted in all guest rooms?

☐ Yes

☐ No

38. What type of smoke detectors are in each unit?

☐ Hard wired

☐ Battery operated

☐ none

39. Do sliding glass doors have security bars or poles within door tracks?

☐ N/A

☐ Yes

☐ No

40. Do any rooms have a balcony?

☐ Yes

☐ No

41. Do any guest rooms have cooking equipment? (stove, oven)

☐ Yes

☐ No

If "Yes," are functioning and operational fire extinguishers readily available?

☐ Yes

☐ No

42. Are there non-slip surfaces and/or grab bars in all tub/shower areas?

☐ Yes

☐ No

V. GUEST AMENITIES

	Yes/No		Open to Public?		Hotel Owned and Operated?		Annual Receipts, If Any	Square Footage
Banquets/Catering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Child Care Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Conference Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Convention Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Drugstore/Gift Shop/ Convenience Store	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liquor: \$ _____	_____ ft.
							Other: \$ _____	

	Yes/No		Open to Public?		Hotel Owned and Operated?		Annual Receipts, If Any	Square Footage
Exercise Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Laundry/Dry Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Onsite Shuttle Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	N/A
Pools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# pools _____	N/A
Restaurant/Bar/Lounge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food: \$ _____ Liquor: \$ _____	_____ ft.
Spas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	_____ ft.
Sports Courts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# courts _____	_____ ft.

43. If amenities above are provided on the premises by entity other than hotel: ☐ N/A

- a. Are certificates of insurance obtained? ☐ Yes ☐ No
- b. Does Applicant require general liability insurance coverage with limits of at least \$1,000,000? ☐ Yes ☐ No
- c. Is Applicant required to be listed as an additional insured? ☐ Yes ☐ No

44. Are there any marina operations, boating, golf courses, horseback riding, ski slopes or air strips on premises? ☐ Yes ☐ No

45. Are there any casinos or gambling operations, other than gaming or slot machines, on premises? ☐ Yes ☐ No

VI. POOL INFORMATION ☐ N/A

46. Number of swimming pools: _____ Indoor _____ Outdoor _____ Rooftop

47. Who maintains the pool(s)? ☐ Applicant ☐ Outside contractor

48. What are the pool hours? _____

49. Are outdoor pools fenced with self-closing/latching gates? ☐ N/A ☐ Yes ☐ No

50. Is a "key" or other authorization necessary for access to all indoor pools? ☐ N/A ☐ Yes ☐ No

51. Has the pool been retrofitted with an anti-vortex drain cover? ☐ Yes ☐ No

52. Are depth markers clearly identified? ☐ Yes ☐ No

53. Are there any diving boards or slides? ☐ Yes ☐ No

54. Are warning signs, rules, and hours posted in a visible area? ☐ Yes ☐ No

55. Is there a lifeguard on duty at all times when the pool is open? ☐ Yes ☐ No

If "Yes," are lifeguards Red Cross certified? ☐ Yes ☐ No

56. Are life rings or buoys provided? ☐ Yes ☐ No

57. Are there any hot tubs? If "Yes": ☐ Yes ☐ No

a. Are there warning labels? ☐ Yes ☐ No

b. What is the maximum exposure time? _____

c. Is there a timer with an automatic shut-off switch? ☐ Yes ☐ No

VII. EXERCISE ROOM ☐ N/A

58. Is a "key" or other authorization necessary for access? ☐ Yes ☐ No

59. Hours of operation: _____

60. Check all applicable items: ☐ Jacuzzi ☐ Sauna/Steam room ☐ Sports courts ☐ Tanning booth
☐ Free weights ☐ Nautilus machines ☐ Other: _____

61. Are rules, machine instructions, safety guidelines, and warnings (regarding pregnancy, alcohol, medications, etc.) clearly posted? ☐ Yes ☐ No

62. Is regularly scheduled maintenance performed on exercise machines? ☐ Yes ☐ No

63. Are incident reports compiled for all injuries? ☐ Yes ☐ No

64. Do saunas have emergency shutoff? ☐ N/A ☐ Yes ☐ No

VIII. RESTAURANT/BAR/LOUNGE ☐ N/A

65. What are the hours of operation? _____
66. Does Applicant offer buffet-style dining? ☐ Yes ☐ No
67. Does Applicant serve uncooked seafood? ☐ Yes ☐ No
68. Is there any commercial cooking on premises? (commercial cooking grills, deep fat fryers, commercial stoves, open flame cooking) If "Yes": ☐ Yes ☐ No
- a. Is the cooking area NFPA 96 compliant? ☐ Yes ☐ No
- b. Is there a deep fat fryer on the premises? ☐ Yes ☐ No
- c. What type of system? ☐ Wet ☐ Dry
- d. Does all cooking equipment have an in-force cleaning contract? ☐ Yes ☐ No
- e. Are functioning and operational fire extinguishers readily available? ☐ Yes ☐ No
69. How often are ducts cleaned under contract? ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Other _____
70. Does Applicant offer live entertainment? ☐ Yes ☐ No
71. Does Applicant allow dancing? ☐ Yes ☐ No
72. Does Applicant use bouncers? ☐ Yes ☐ No

IX. LIQUOR INFORMATION ☐ N/A

73. Is there a separate bar/lounge area? ☐ Yes ☐ No
74. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state? ☐ Yes ☐ No
75. Does Applicant now offer, or in the next (12) months expect to offer:
- a. Bottle service or set-ups? ☐ Yes ☐ No
- b. Drink specials/happy hours after 9 p.m.? ☐ Yes ☐ No
- c. More than two complimentary drinks per patron per day? ☐ Yes ☐ No
- d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? ☐ Yes ☐ No
76. What is the latest hour Applicant will serve liquor, including beer and wine? _____ ☐ a.m. ☐ p.m.
77. Are employees or other patrons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? ☐ Yes ☐ No

X. HIRED AND NON-OWNED AUTO COVERAGE ☐ N/A

78. Does Applicant have a commercial automobile policy in place? ☐ Yes ☐ No
79. Does Applicant own any autos or lease any autos in excess of 30 days? ☐ Yes ☐ No
80. Do the applicant's employees regularly use their personal vehicles on behalf of Applicant's business? ☐ Yes ☐ No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West 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 and may be subject to fines and confinement in prison.

Colorado Fraud Statement: 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.

Florida 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 a felony of the third degree.

Kansas Fraud Statement: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: 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 a denial of insurance benefits

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

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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 subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as “vicariously assessed punitive damages”, are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to “vicariously assessed punitive damages” and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days’ notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____
Agent’s signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____
City: _____ State: _____ Zip _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer’s decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer’s underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant’s signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____