



# Hotel / Motel Supplemental Application

Applicant: \_\_\_\_\_

Premises address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### General

Coastal/waterfront exposure? Yes No      Distance to ocean? \_\_\_\_\_  
 Located in 1<sup>ST</sup> Tier wind area? Yes No      Eligible for windpool? Yes No  
 Is risk located within city limits? Yes No      Is risk located in an urban/downtown area? Yes No  
 Responding Fire Department: \_\_\_\_\_ Distance to nearest: Fire Dept. \_\_\_\_\_ Hydrant \_\_\_\_\_

### Buildings

Roof covering: Tile Asphalt Shingles Tar & Gravel Other \_\_\_\_\_  
 Building construction: Frame Joist Masonry Non-Comb Msry Non-Comb Mod Fire Resistive Fire Resistive

Number of buildings: _____	Bldg. # 1	Bldg. # 2	Bldg. # 3	Bldg. # 4	Bldg. # 5	Bldg. # 6	Bldg. # 7	Bldg. # 8
Year building was built								
Distance between buildings								
Number of rooms in building								
Number of stories in building								
Number of elevators								
Total square footage	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>
Ground floor square footage	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>
Basement square footage	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>	ft <sup>2</sup>
Percent of building sprinklered	%	%	%	%	%	%	%	%
Central Air Conditioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the hotel/motel the sole building occupant? Yes No  
 Are there smoke detectors in each unit? Yes No Hardwired or Battery  
 Clearly marked Fire Exits? Yes No  
 Emergency Lighting in common areas? Yes No  
 Do all bathtubs have non-slip surfaces and grab bars? Yes No  
 Type of lock on guestrooms? Electronic Key      Do guestroom doors also have deadbolt locks? Yes No  
 Do guestroom doors have peepholes? Yes No  
 Guestrooms open to: Interior Hallway Outside  
 Alarm type: Local Burglary Local Fire Central station alarm Burglary Central station alarm Fire No alarm  
 Is premises covered by security cameras? Yes No  
 Is there a night security window for the front desk? Yes No  
 Is there a Parking Lot located on premises? Yes No  
     If yes, is the Parking Lot owned, operated & maintained by applicant? Yes No  
 What is the square footage of the parking lot? \_\_\_\_\_ ft<sup>2</sup>

**Business Information**

Is applicant currently open for business? Yes No

Is the hotel/motel open 12 months per year? Yes No If no, number of months per year? \_\_\_\_\_

Is hotel/motel a franchise operation? Yes No

Who manages the hotel/motel? Owner operated Hired management

Does manager have 5 or more years management experience? Yes No

Years experience of ownership at this location? \_\_\_\_\_ Total years experience in this industry? \_\_\_\_\_

Has applicant owned premises for 3 or more years? Yes No If no, please supply any prior ownership information:

Name & address of other hotel/motel: \_\_\_\_\_

Time period owned From: \_\_\_\_\_ To: \_\_\_\_\_

Any prior bankruptcies or liquidations? Yes No Describe: \_\_\_\_\_

Are there any losses within the last 5 years? Yes No

Has applicant had insurance cancelled or non-renewed in the past 3 years? Yes No

If Yes, explain \_\_\_\_\_

Total number of guestrooms? \_\_\_\_\_ Average room rate? \$ \_\_\_\_\_ Average occupancy rate? \_\_\_\_\_ %

Does anyone except owner/manager live on site? Yes No If yes, explain \_\_\_\_\_

Are employee background checks performed? Yes No

Number of employees? Full time \_\_\_\_\_ Part time \_\_\_\_\_

Do employees have written guidelines to follow? Yes No

Upon check-in, do employees copy the guest's drivers license? Yes No

Does applicant use security guards? Yes No If yes, Employees Contract service, Armed? Yes No

**Swimming Pool**

Are there any swimming pools? Yes No If yes, how many? outdoor \_\_\_\_\_ indoor \_\_\_\_\_

Are there any Hot Tubs? Yes No If yes, is there an automatic shutoff for Hot Tub? Yes No

Are the pools for guests only? Yes No

Are pools fenced with a self-closing and self-latching gate? Yes No

Are pools enclosed by a courtyard or building? Yes No

Are depths clearly marked on top and sides of pool? Yes No

Are pool rules posted at all entrances and poolside? Yes No

Is rescue equipment available poolside including a ring buoy, shepherd's hook or pole? Yes No

Are there any diving boards or slides? Yes No How many of each? \_\_\_\_\_

Are there life guards on duty? Yes No

If no, is access key controlled to guests only? Yes No

Does pool have video surveillance from front desk? Yes No

Are water motion detectors used when pool is closed? Yes No

Is pool water tested daily? Yes No If no, how often? \_\_\_\_\_

Are pool chemicals properly stored? Yes No

**Commercial Auto**

Does applicant have any owned commercial autos? Yes No If yes, please write HNOA on applicant's auto policy.

Is there a valet service? Yes No If yes, Employee or Contracted

Is there a shuttle service for guests? Yes No If yes, Employee or Contracted

If valet or shuttle services are contracted, does applicant have a certificate of insurance for the service naming the applicant as additional insured? Yes No

**Leisure Facilities**

Does premises have playground? Yes No      Ground surface composition? \_\_\_\_\_  
Fenced? Yes No      Open to guests only? Yes No      Rules posted? Yes No  
Does premises have fitness center? Yes No      Door locked at all times? Yes No  
Restricted to adults? Yes No      Open to guests only? Yes No      Freeweights? Yes No  
Rules posted? Yes No  
Does premises have a daycare facility? Yes No      Provided by: Owner Outside contractor  
Check any amenities offered below:  
Spa Sauna Golf Tennis Basketball Racqueball Lakes/Ponds Beaches Boat Slips  
Boating Surfboards Jet Skis/Wave Runners Boogie Boards Parasailing Gymnastic Facilities  
Trampoline Skiing Horseback Riding  
Other (describe): \_\_\_\_\_

**Restaurant / Lounge / Mercantile Facilities**

Are there any mercantile operations in building? Yes No    If yes, owner operated or leased to others  
If leased to others, what is the square footage of leased area? \_\_\_\_\_ft<sup>2</sup>  
If mercantile operation is leased to others attach our Lessor's Risk Supplemental  
Are there any restaurant/lounge operations in building? Yes No    If yes, owner operated or leased to others  
If leased to others, what is the square footage of leased area? \_\_\_\_\_ft<sup>2</sup>  
If restaurant/lounge operation is leased to others attach our Lessor's Risk Supplemental  
If restaurant/lounge operation is owner operated attach our Restaurant/Tavern Supplemental

**Applicant's Statement**

I hereby apply for a policy of insurance as set forth in this application, and I certify that all of the information provided by me in this application is true and complete. I understand that any policy, which may be issued by the Company, will be issued on the basis of, and in reliance upon, my statements in this application, and that any material misrepresentation made by me may affect the payment of claims. 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 crime. This application is not a binder, and nothing herein contained shall be construed as an agreement to provide insurance of any kind.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

I hereby warrant that all information contained in this application is correct and complete to the best of my knowledge