



MOTEL / HOTEL SUPPLEMENTAL APPLICATION

GENERAL INFORMATION

Hotel Name: _____

Hotel Address: _____

Owner's Name: _____

Owner's Address: _____

Insurance Contact: _____ Telephone: _____

Effective Date: _____ Years in Operation: _____

MANAGEMENT / OWNERSHIP INFORMATION

Is the hotel: _____ Owner Managed? _____ Franchised? _____ Management Company?

If the hotel is franchised, what is the Quality Assurance (QA) score? _____ (please attach copy)

Describe management experience: _____ 

How long has present management team been there: _____

PLEASE ATTACH A LIST OF ALL NAMED INSUREDS INCLUDING A DESCRIPTION OF EACH ENTITY.

FINANCIAL INFORMATION

Annual Receipts

Rooms: _____

Food: _____

Liquor: _____

Banquet: _____

Other: _____

TOTAL: _____

Annual Payroll

Sales: _____

Clerical: _____

Hotel Labor: _____

Restaurant: _____

TOTAL: _____

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1. Number of Units: _____ Room Rates: _____ Single _____ Double _____

2. Is the Building six (6) stories or higher? Yes No If yes, how many stories: _____

3. Are all rooms equipped with smoke detectors? Yes No
 Hard wired connection Yes No
 Battery operated Yes No
 If battery operated, how frequently are detectors tested to determine if they are operational? _____

4. Is there an elevator on the premises? Yes No
 If yes, how often serviced and maintained? _____
 Who completes service work? _____
 Are certificates of insurance obtained? Yes No

5. Is there a manual-pull fire alarm with pull stations at each exit? Yes No

6. Is the building equipped with emergency lighting? Yes No

7. Do any rooms have "in-room" cooking facilities? Yes No
 Describe: _____

8. Is each door equipped with a: Hotel/motel function lock Yes No
 Dead bolt lock Yes No
 Safety chain Yes No
 Peep hole viewing device Yes No

9. How is access into rooms accomplished? Keys or Magnetic cards Other: _____

10. Does key/magnetic card key specify room number and / or hotel? Yes No

11. Who has access to master key/magnetic card keys? _____

12. How are replacement keys/magnetic card keys obtained by hotel guests? _____

13. If a replacement key/magnetic card key is requested are ID's checked to verify individual registration? Yes No

14. Are there entrances into the building in which one would not have to pass the front desk? Yes No
 If yes, are there any security devices installed to detect entrance? Yes No
 Is access to the parking area restricted to guests only? Yes No
 Any valet parking? Yes No

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- 15. Is there a security force on premises? Yes No
- Does the security force carry guns? Yes No
- Is the security work done by an independent contractor? Yes No
- If so, is there a written agreement with the insured and the contractor? Yes No
- Is the security firm required to have liability coverage with limits of at least \$1 million ? Yes No

RECREATIONAL FACILITIES

Golf: _____ Skiing: _____ Playground: _____ Tennis: _____ Sauna: _____
 Spa: _____ Weight Room: _____ Day Care: _____ Horseback Riding: _____
 Other: _____

Swimming and Water Recreation

Pool? _____ Beach? _____ Boating? _____
 Is the Pool Fenced? Yes No Is pool depth clearly and accurately marked? Yes No
 Is there a diving board? Yes No Are pool instructions and rules displayed? Yes No

If there is a beach, frontage is: _____ Do you have: Surfboards? _____ Boogie Boards? _____
 Sailboats? _____ Jet Skis/Wave Runners? _____ Para-sailing? _____ Other: _____

Are there Lifeguards on duty? Pool: _____ # of _____ Beach: _____ # of _____
 Lifeguard Certifications: _____

RESTAURANT / BANQUET FACILITIES

Restaurant's square footage: _____ Banquets - # of rooms _____ Square footage: _____
 Receipts: Food: _____ Liquor: _____
 Dry chemical system in kitchen? Yes No Flu/Duct cleaning service used? Yes No
 How often cleaned? _____ Service Contract? _____

Is there a nightclub? Yes No Hours of operation: From _____ To _____
 Is there dancing? Yes No Any live entertainment? Yes No
 Do you have "Happy Hour" or other promotional activities or contests? Yes No
 If yes, describe and state frequency: _____

Has your liquor license ever been suspended or revoked at this location? Yes No
 At a previous location? Yes No
 If yes, describe each: _____

Miscellaneous Information: _____