



HOTEL/MOTEL APPLICATION

Corporate Name: _____

Name of Business (DBA): _____ License Number: _____

Premises Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Limit Requested (choose one): \$5 Million \$15 Million

COVERAGE(S)	BLDG 1	BLDG 2	BLDG 3	BLDG 4	BLDG 5
Units					
Stories					
Square Ft.					
Construction					
Year Built					
Bldg Replacement					
Cost/Deductible					
Business Personal					
Property/Deductible					
Fire Protection Class					
Number of Employees					

Annual Receipts: Room \$ _____ Food: \$ _____ Liquor: \$ _____

Average Room Rate: \$ _____ Average Occupancy Rate: \$ _____

Type of Guards: Armed Unarmed None

Distance To Hydrant: _____ Distance To Fire Department: _____

Sprinklered? Fully Part _____%

Sprinkler Type? Wet Dry

Security Cameras? Yes No

Electronic Locks? Yes No

Smoke Detectors: Hardwired: Yes No Battery: Yes No

If Yes, is there a battery maintenance program in place? Yes No

Smoke Detectors Inside Rooms & Common Areas? Yes No

Alarms: None Fire Burglar

FIRE ALARM TYPE

- Central Station/No Watchman? Yes No
- Central Station/Watchman? Yes No
- Local/No Watchman? Yes No
- Local/Watchman? Yes No
- None? Yes No
- Watchman Only? Yes No

PARKING LOT TYPE

- Private? Yes No
- Public- Not Open Air? Yes No
- Public-Open Air? Yes No

Are any rooms rented for 30 consecutive days? Yes No

If YES, explain:

Years in Hotel Business: _____ Years at this Location: _____

Any GL/AL Losses over \$50,000 in the past three (3) years: Yes No

Any Claims incurred involving the following:

- Death? Yes No
- Brain Damage? Yes No
- Burns Over 50% Of The Body? Yes No
- Substantial Disfigurement Of The Body? Yes No
- Spinal Cord Injuries Involving Any Degree Of Paralysis? Yes No
- Any Injury To A Minor Child? Yes No
- Any Assault and/or Robbery? Yes No
- Any Estimate Of Damage In Excess of 50% Of The Underlying Limit? Yes No

GENERAL HOTEL QUESTIONS

- Aluminum Wiring? Yes No
- Certified Inspection Needed? Yes No
- Emergency Lighting? Yes No
- Showers have Non-Slip Surface? Yes No
- Gas or Tanks Present? Yes No
- Surge Protection Present? Yes No
- Lighting Rods Present? Yes No
- Deadbolts Used? Yes No
- Kitchenettes? Yes No
- Rooms Open Outside? Yes No
- Enclosed Stairwells? Yes No
- Owned Aircraft? Yes No
- Owned Watercraft? Yes No
- Peep-Holes in doors? Yes No
- Acres of Vacant Land: _____
- Cancelled last 3 years? Yes No
- Number of exits per floor: _____
- Manual Pull Alarm on each floor with Audible Alarm Device? Yes No

SWIMMING POOL (choose one): None Inside Outside

- | | | | |
|-----------------------------|--|-------------------------------------|--|
| Diving Board | <input type="checkbox"/> Yes <input type="checkbox"/> No | Area supervised by Mgmt? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Slide | <input type="checkbox"/> Yes <input type="checkbox"/> No | Locked Doors (Indoor) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fenced | <input type="checkbox"/> Yes <input type="checkbox"/> No | Anti-Vortex Drain Cover | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Self-latching/closing Gate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Depth marked Top & Edge | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Open To Public or Employees | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pool area locked after hours | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rules Posted | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pool chemicals checked regularly | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lifeguard | <input type="checkbox"/> Yes <input type="checkbox"/> No | Pool directly accessible from rooms | <input type="checkbox"/> Yes <input type="checkbox"/> No |

RESTAURANT None

- | | |
|--|--|
| Is Restaurant in a Separate Building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is it a Franchise Restaurant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seating Capacity: _____ | |
| Is Liquor Served? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, Percent liquor: _____% | |
| Is there a Dance Floor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Cooking Area Covered by Duct? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is There an Automatic Fire Suppression System? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is It Professionally Cleaned every three (3) Months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Suppression System Services Semi-Annual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are Filters Cleaned Weekly? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entertainment Provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Catering/Vending Machine/Games/Admission/Gambling? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weekday Hours From: _____ | |
| Weekend Hours From: _____ | |
| Is Restaurant Leased Out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Lounge Leased Out? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Night Club, Comedy Club, Bar? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are Liquor servers trained in TIPS or a similar program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

IF THE RESTAURANT/LOUNGE IS LEASED, PLEASE PROVIDE A COI FROM OWNER'S POLICY NAMING HOTEL/MOTEL AS ADDITIONAL INSURED.

AMENITIES

- | | | | |
|--------------------------|--|-----------------------|--|
| Jacuzzi | <input type="checkbox"/> Yes <input type="checkbox"/> No | Day Care | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Racquet Ball | <input type="checkbox"/> Yes <input type="checkbox"/> No | Beauty/Barber Shop | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Steam Room | <input type="checkbox"/> Yes <input type="checkbox"/> No | Laundry/Dry Cleaning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sauna | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clubhouse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Meeting Room | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tanning Beds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Tennis/Basketball Courts | <input type="checkbox"/> Yes <input type="checkbox"/> No | Marina | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Golf Course | <input type="checkbox"/> Yes <input type="checkbox"/> No | Babysitting Services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Boating or Fishing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Construction Activity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Equipment Rental | <input type="checkbox"/> Yes <input type="checkbox"/> No | Exercise Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dog Kennel | <input type="checkbox"/> Yes <input type="checkbox"/> No | Playground Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SCHEDULE OF UNDERLYING INSURANCE

- Is the GL Aggregate Limit Per Location? Yes No
- If YES, is the GL Aggregate Limit capped in any way? Yes No
- If YES, what is the cap limit? \$ _____
- Is the GL defense outside of policy limits? Yes No
- Do all underlying CGL policy limits apply on a Per Location General Aggregate Basis? Yes No
- Are all underlying policies rate A-VI or better? Yes No

COVERAGE	INSURER	POLICY #	LIMITS	PREMIUM	POLICY PERIOD
Automobile Liability					
General Liability					
Employers Liability					
Employee Benefit Liability					
Liquor Liability					
Other					
Non-owned and Hired					
Automobile Liability					

Do any scheduled underlying policies provide sub-limits? Yes No

If YES, please list:

Policy: _____ Sub-Limit: _____

Do any scheduled underlying policies provide coverage for:

- Punitive Damages? Yes No
- Assault & Battery? Yes No
- Abuse & Molestation? Yes No
- Discrimination? Yes No

AUTOMOBILE INFORMATION

NO.	YEAR	MAKE	MODEL	VIN	PASS. CAPACITY	COST NEW
1.						
2.						
3.						

Indicate the total number of owned/leased vehicles: _____

The number used for:

Property Maintenance: _____ Private Passenger: _____ Livery: _____

What is the minimum age of the drivers? _____

Have any drivers been alleged or convicted of DUI, DWI or had their licenses suspend?

Yes No

Non-owned & Hired Auto:

Explain any controls/procedures that are utilized by applicant to reduce its exposure and/or liability in regards to the use of employee or volunteer automobiles used on its behalf:

Radius: _____

Is there a Vehicle Maintenance program in Place?

Yes No

Is there a Driver Screening Program in Place?

Yes No

Does this location allow personal use of Company Autos?

Yes No

Is personal use limited?

Yes No

SIGNATURE

Authorized Representative: _____ Date: _____