



Hotel /Motel Application

DESCRIPTION OF OPERATIONS BY PREMISE(S)

Check :

- Hotel
- Motel
- Inn
- Bed and Breakfast

Other: _____

Explain all "YES answers

1. Number of Years in business: _____

2. Number of Years Experience: _____

3. Total Number of Rooms _____

Number of Stories _____

What is the Average percentage of occupancy _____

Average per night rate? _____

Any rooms rented for period less than 24 hours? Yes No

Any rooms rented by the week or the month? Yes No

If yes, what is the percentage of receipts associated with long-term weekly/monthly rentals?

Total Room Rental Receipts: \$ _____

Total Restaurant Receipts: \$ _____

Restaurant Liquor Receipts: \$ _____

4. Are cooking facilities provided in guest rooms? Yes No

If Yes:

Is there an operational automatic extinguishing system in place? Yes No

Are extinguishing systems inspected on a regular basis? Yes No

If yes, how often? _____

5. What is age of building? _____ Construction Type? _____ Square footage? _____

Please note the year the following updates were completed, if applicable:

Roof _____ Plumbing _____ Heating _____ Wiring _____

6. Wiring (check all that apply): Copper _____ Aluminum _____ Fuses _____ Circuit Breakers _____

If Aluminum: _____ pigtailed? _____ copalum?



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7. Type of location: City ____ Rural ____ Suburban ____	
8. Any Balconies/Decks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are there any rooms that are in compliance with the American Disabilities Act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are there smoke detectors? Battery? If battery, any procedures in place to ensure units are fully operational? Hardwired? Where located: Individual units? Common Areas? Is the building sprinklered? If yes, 100% or partial? _____	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"/>
11. Is a secondary means of egress provided if over two stories?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are there security guards on premises? If yes: Are they armed? Private ____ Employee ____ COI's obtained? Any guard dogs on premises? Any firearms kept on premises?	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"/>
13. Are there peepholes in guest room doors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Premises lighting in parking areas, walkways & common areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Any Assault & Battery incidents in complex during the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Are there procedures in place to ensure adequate snow and ice removal, where applicable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Any plans for major renovation of the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Any work subbed out? If so, are Certificates of Insurance required at minimum limits of \$300,000?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Are signs posted on property to inform guests of construction & routine maintenance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Any daycare services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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22. Swimming pool on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: Diving Board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depth marked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diving board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Slide?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-slip surfaces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifeguards on duty when open?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Warning signs and rules posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pool completely fenced with self-locking gates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Life Safety Ring Buoy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hot Tub or Whirlpool on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Warning signs and rules posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Playground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: Describe type of equipment _____	
Describe ground surfacing in playground equipment area _____	
Is the area fenced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any arsenic-treated (chromated copper arsenate-CCA) decks or playground equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: Has wood been sealed with a polyurethane or similar coating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Any exercise facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, describe type of equipment _____	
Are rules and safety guidelines posted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Any lake, pond, beach, or dock/pier exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Any Rental Equipment Available?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: Describe _____	
27. Any recreational facilities provided <u>other than</u> Swimming pools, Hot Tubs, Whirlpools, or Exercise Facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: Describe _____	
28. Is parking provided for a charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Describe any other occupancies (i.e. restaurants, bars, nightclubs, gift shops, rental halls, beauty shops, etc...)	



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Remarks:

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.