



Hotel/Motel Supplemental Application

APPLICANT INFORMATION

Name of Applicant: _____
Location Address: _____
City: _____ State: _____ Zip: _____
Website: _____

GENERAL INFORMATION

Hotel Motel Tourist Courts/Cabins Resort
 Other (describe): _____
Any lease areas? Yes No
Leased to whom? _____
Operation: _____ Area: _____ sq. ft.
Number of rooms: _____ Number of stories: _____
Average occupancy rate: _____ % Average room rate: _____
Construction: _____ Year built: _____
Updates: Roof _____ Electrical _____ Plumbing _____ Heating _____
 Central station fire alarm Local fire alarm Emergency lighting Guards Sprinklered
 Standpipes and hose Guest rooms have smoke detectors and/or sprinklers
Updates: Roof _____ Electrical _____ Plumbing _____ Heating _____
Cooking in room: Yes No

ANNUAL GROSS SALES

Food Sales: _____ Liquor Sales: _____ Room Rental: _____
Other (describe): _____ Total Sales: _____

PREMISES INFORMATION

Swimming pool(s): Yes No How many: _____
Fenced: Yes No Rules posted: Yes No
Self closing gates: Yes No Diving board: Yes No
Life safety equipment at poolside: Yes No
Saunas or spas: Yes No
List all other recreational activities with details: _____

SECURITY

of security guards employed: _____ # of subcontractors: _____
If subcontracted, are you an additional insured? Yes No Armed: Yes No
Days of week: _____ Hours on duty: _____
Valet parking: Yes No Is it provided by applicant or sub?
INCLUDE MAXIMUM NUMBER OF EMPLOYEES & CONTRACTED LABOR:
Employees: Armed _____ Unarmed _____ % Full Time _____
Off-Duty Police: Armed _____ Unarmed _____ % Full Time _____
Other Independent Contractors: Armed _____ Unarmed _____ % Full Time _____
Are background investigations and checks conducted on all employees who perform security duties? Yes No

FRAUD STATEMENT

Any person who knowingly and with the 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.

WARRANTIES

I hereby apply for a policy of insurance as set forth in the application and I warrant and certify that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

Signature of Applicant: _____ Title: _____ Date: _____

I hereby warrant and certify that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY