



## HOTEL/MOTEL SUPPLEMENTAL QUESTIONNAIRE

### Applicant Information

(Complete in Addition to Acord Application)

Answer all questions - If they do not apply, indicate not applicable (NA)

Applicant's Name:			Agent's Name:		
Mailing Address: _____ _____ _____			Address: _____ _____ _____		
Website Address:			Proposed Effective Date: From: _____ To: _____		
Applicant is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					
Property Locations:					
Name	Address	City	County	State	Zip Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### 1. Operation:

Type: <input checked="" type="checkbox"/> Hotel <input checked="" type="checkbox"/> Motel <input checked="" type="checkbox"/> Tourist Courts/Cabins <input checked="" type="checkbox"/> Resort <input checked="" type="checkbox"/> Dude Ranch <input checked="" type="checkbox"/> Time Share <input checked="" type="checkbox"/> Other (describe): _____					
Does Owner/Manager have 3 years or more of hotel/motel management experience?				<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any Prior bankruptcy or solvency?				<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Number of rooms:		Average room charge:		Average occupancy rate: _____ %	
Room rental by the: <input checked="" type="checkbox"/> Hour <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Week <input checked="" type="checkbox"/> Month <input checked="" type="checkbox"/> Other (describe): _____					
Is the building a retirement/elderly friendly facility?				<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Any leased areas?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
a) If yes, to whom? _____					
b) Operation: _____				Area: _____ Sq. Ft.	



2. National affiliation?

Yes  No

If yes, with whom? \_\_\_\_\_

3. Recommended by local Chamber of Commerce or American Automobile Association (AAA)?

Yes  No

4. Building Information/Protection:

Number of stories:	Construction:
Year Built:	Updated:
a) Are there portable space heaters or gas cooking allowed in sleeping rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Do sleeping rooms have secondary locking devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Do tubs/showers have non-skid surfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Are exits marked and interior corridors, stairwells and doors have emergency lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Are there handrails on any stair over three steps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Is there a written evacuation plan for 3 stories or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Is there an elevator evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) How many egresses for building 5 stories or more? _____	
i) ADA Complaint _____	
<input type="checkbox"/> Central station fire alarm <input type="checkbox"/> Local fire alarm <input type="checkbox"/> Emergency lighting <input type="checkbox"/> Guards <input type="checkbox"/> Sprinklered <input checked="" type="checkbox"/> Standpipes and hose <input type="checkbox"/> Detectors and/or sprinklers in guest rooms	
If you have guards, are they armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Annual gross sales for insured's and their concessionaires' operations:

a) \$ _____ Room Rental	
b) \$ _____ Convenience Store	Number of stories: _____
c) \$ _____ Food from restaurant	Number of restaurants or lounges: _____
d) \$ _____ Health or swim club	Number of members: _____
e) \$ _____ Equipment rental (snowmobiles, boats, skis, etc.)	Type of equipment: _____
f) \$ _____ Other (describe) _____	
\$ _____ Total of above	



6. Swimming Pools:

Number of pools:	Number of spas:		
Diving Boards:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Slides:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Underwater Lighting:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Steps into shallow end with handrails:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pool(s) completely surrounded by building walls or fence? If yes, what is the height of the wall/fence? _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) Are the gates or doors opening into the pool(s) equipped with a self-closing and self-latching device?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Are the depth markings clearly shown?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Are warning signs and rules posted and clearly visible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Is the pool(s) maintained by Applicant or an outside contractor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are lifeguards provided by Applicant or an outside management company?			
<input type="checkbox"/> Applicant <input type="checkbox"/> Pool Management Company <input type="checkbox"/> None			

7. Other Exposures:

Playgrounds:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Babysitting service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe any additional recreational facilities or other operations located on the premises:		
_____		
_____		
_____		

8. Fire Protection:

a) How many smoke detectors are in each unit? _____ Sprinklers? _____ In all room or common areas only? _____			
b) Fire extinguishers in common areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c) Are you in compliance with the most recent NFPA life safety codes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d) Is there a written evacuation plan? If yes, how often is it reviewed with staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e) Is a hotel manager present on site at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

9. Security

a) Employees are required to wear ID badges at all times	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Room doors have viewing devices (peep holes)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Room doors have deadbolt locks and door chains	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Door keys are card keys for electronic locks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Adjoining room doors have deadbolt locks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Sliding glass doors have security bars or poles within door tracks	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g) Do you release guest names and room numbers to others?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h) Do rooms contain security instructions for guests?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i) Facility has CCTV for monitoring parking and entrances	<input type="checkbox"/> Yes	<input type="checkbox"/> No



10. Restaurant and Coffee Shops:

a) Is there room service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is there a metal hood and duct covering all cooking areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do all hoods have at least 18 inch clearance from combustible material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are filters cleaned daily or as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Are interior of hoods and ducts inspected weekly and cleaned as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Is there an approved fire extinguisher system installed for both automatic and manual operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Is there fuel shut-off actuation of automatic fire protection system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Are approved BC fire extinguishers provided in cooking area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Do restaurant employees have regular training and supervision in food handling, storage, health and sanitary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Banquet or catered events:		
j) Is seating capacity of banquets and conference rooms in compliance with fire safety regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

This application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The Applicant represents that the above statements and facts are true and facts are true and that no material facts have been suppressed or misstated.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or 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 subjects such person to criminal and civil penalties.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_