# MOTEL PROGRAM SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

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| Applicant’s Name:    Location Address: | Agency Name:    Agent No.:  Phone No.: |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Operation:**  Hotel  Motel  Tourist Courts/Cabins  Resort  Dude Ranch

Other (describe):

**2.** **Number of rooms:**       Average room charge:       Average occupancy rate:    %

Room rental by the:  Hour  Day  Week  Month  Other (describe):

**3.** **Any area leased/rented to others?**  Yes  No

If yes, to whom?

Describe how leased area is used and square footage:       Area:       Sq. Ft.

**4. Does applicant have a national affiliation?**  Yes  No

If yes, with whom?

**5. Recommended by local Chamber of Commerce or American Automobile Association (AAA)?**  Yes  No

**6. Building information/protection:**

Number of stories:       Construction:

Central station fire alarm  Local fire alarm  Emergency lighting  Sprinklered

Standpipes and hose  Guest rooms have operating smoke detectors

**7. Number of:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Baseball parks |  | Racquetball courts |  | Spa/hot tubs |  |
| Basketball courts |  | Saunas |  | Tennis courts |  |
| Boat docks/slips |  | Shuffleboard courts |  | Volleyball courts |  |
| Playgrounds |  | Ski lifts/tows |  | Other: |  |

**8. Annual gross sales for applicants’ and their concessionaires’ operations:**

$      Room rental

$      Convenience store Number of stores:

$      Food from restaurant Number of restaurants or lounges:

$      Liquor from restaurant or lounge

$      Conferences and conventions Maximum occupancy for premises:

$      Health or swim club Number of members:

$      Equipment rental (snowmobiles, boats, skis, etc.) Type of equipment:

$      Other (describe):

**$** **Total sales from above**

**9. Other operations/exposures:**

**a. Boats?**  Yes  No

If yes: Number of boats:

Type (sail, power, canoe, etc.):

**b. Clubhouses including exercise room?**  Yes  No

If yes: Square footage:

**c. Fuel sales?**  Yes  No

If yes: Gallons sold per year:

**d. Golf course?**  Yes  No

If yes: Gross sales: $

**e. Lakes?**  Yes  No

If yes: Number of acres:

**f. Park?**  Yes  No

If yes: Number of acres:

**g. Recreational equipment rental other than canoes and rowboats?**  Yes  No

If yes: Describe:

**h. Saddle animals?**  Yes  No

If yes: Number of animals:

Describe type of animal:

**i. Shooting ranges?**  Yes  No

If yes: Number of ranges:

Type (archery/skeet/trap/etc.):

**j. Swimming?**  Yes  No

**(1)** Are there indoor pools?  Yes  No

If yes: Number of indoor pools:

**(2)** Are there outdoor pools?  Yes  No

If yes:  In-ground  Above-ground Number of outdoor pools:

**(3)** Are there wading pools?  Yes  No

If yes: Number of wading pools:

**(4)** Are there bathing beaches?  Yes  No

If yes:  Ocean beach  Lake/river beach Number of beaches:

**(5)** Are there diving boards/slides/rafts/platforms?  Yes  No

If yes: Number of diving boards/slides/rafts/platforms:

Board/platform height:       Slide height:

**(6)** Are swimming rules posted?  Yes  No

**(7)** Are depths of pool markings clearly visible?  Yes  No

**(8)** Are outdoor pools fenced with a self-latching gate or enclosed by the building structure with no direct access to roadways or parking areas?  Yes  No

**(9)** Is life-safety equipment available at pool side?  Yes  No

**(10)** Is a certified lifeguard available when swimming is allowed?  Yes  No

**(11)** Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No

**k. Trails?**  Yes  No

If yes: Number of bike trail miles:

Number of horse trail miles:

Other (describe):

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| **10. Describe any additional recreational facilities or operations conducted on the premises:** |

**11. Innkeepers Liability limit:**

$1,000 Per Occurrence/$10,000 Aggregate  $2,500 Per Occurrence/$25,000 Aggregate  None

**12. Security:**

**a.** Are employees required to wear ID badges at all times?  Yes  No

**b.** Do room doors have viewing devices (peep holes)?  Yes  No

**c.** Do room doors have deadbolt locks and door chains?  Yes  No

**d.** Are door keys or card keys for electronic locks?  Yes  No

**e.** Do adjoining room doors have deadbolt locks?  Yes  No

**f.** Do sliding glass doors have security bars or poles within door tracks?  Yes  No

**g.** Are guest names and room numbers released to others?  Yes  No

**h.** Do rooms contain security instructions for guests?  Yes  No

**i.** Does facility have CCTV for monitoring parking and entrances?  Yes  No

**j.** Are there security guards?  Yes  No

If yes: Number of employed security guards: Armed:       Unarmed:

Number of contracted security guards: Armed:       Unarmed:

**13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**  Yes  No

If yes, describe:

**14. Does applicant have any other business ventures for which coverage is not requested?**  Yes  No

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| If yes, explain and advise where insured: |

This application does not bind the applicant nor 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.

**FRAUD WARNING:** Any person who knowingly and with 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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| --- |
| NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: |

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure a routine inquiry may be made to obtain applicable information concerning  character general reputation personal characteristics and mode of living. Upon written request additional information  as to the nature and scope of the report if one is made will be provided. | | |