



MOTEL PROGRAM SUPPLEMENTAL APPLICATION
 (Complete in addition to the ACORD General Liability Application)

Applicant's Name: _____ _____ Location Address: _____ _____	Agency Name: _____ _____ Agent No.: _____ Phone No.: _____
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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 restaurantNumber of restaurants or lounges: _____
\$ _____ Liquor from restaurant or lounge
\$ _____ Conferences and conventions.....Maximum occupancy for premises: _____
\$ _____ Health or swim clubNumber 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):

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

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: _____

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

IMPORTANT NOTICE

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.