



# HOTEL/MOTEL APPLICATION

Applicant Name:	Agent's Name:
Mailing Address:	Mailing Address:
Location Address:	Proposed Effective Date:
	From: 12:01 A.M. Standard Time at the address of the Applicant
	To:

Bankruptcy - Within the last 5 years, were there any pending or planned bankruptcies or judgements for unpaid taxes against you, or your majority partner?	Yes	No
Receivership – Within the last 5 years, has the property undergone or are there any plans for the property to undergo receivership?	Yes	No

FEIN:

Inspections and Audit Information:

Contact Name:

Title:

Phone Number:

Website:

## SUBMISSION REQUIREMENTS

- Fully completed, Insured signed & dated ACORD application
- 5 years of currently valued carrier issued Loss Runs (of all locations to be insured)
- Copy of the contract with Lessee or Subcontractor

## SECTION I – RISK PROFILE

1) Has the Applicant maintained Commercial General Liability coverage for the past 5 years?	Yes	No
2) Does the Applicant require that all employees undergo formal Human Trafficking Prevention training annually?	Yes	No
3) Does the Applicant have a written policy for response if Human Trafficking has been suspected? If Yes, attach a copy of the policy.	Yes	No
4) Are rooms rented out for less than a period of 24 hours?	Yes	No
5) Does the Applicant have franchisor operations?	Yes	No
6) Is there a nightclub on the facility?	Yes	No
7) Are there any operations at the facility that offer bottle service?	Yes	No
8) Are the pools fully fenced with self-locking gates?	Yes	No

- |  |     |    |
|--|-----|----|
| 9) Do any pools have a diving board or diving platform?  | Yes | No |
| 10) Are there any nursery or day care operations (whether child/elder care), assisted living, or healthcare (including medi-spa) operations at the facility? | Yes | No |
| 11) Are firearms allowed on the premises?<br>If Yes, explain:  | Yes | No |
| 12) Within the past 5 years, has there ever been an incident involving the release of a firearm on the premises?   | Yes | No |
| 13) Is there a maintenance and janitorial program in place?  | Yes | No |

## SECTION II – BUSINESS INFORMATION

14) Description of Operations:

15) Type:

Full-Service Hotel	Limited-Service Hotel	Extended Stay Hotel
Convention Hotel	Motel	Bed & Breakfast Inn
Club (Country, Golf, Civic, Social)	Lounge	Bar/Tavern

16) Clientele:

Family Oriented	Destination Resort
Business Travel	Bed & Breakfast

17) Rooms are rented:

Hourly	Daily	Weekly	Monthly
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- |   |     |    |
|---|-----|----|
| a. What are the percentage of sales derived from the weekly rentals?                  |     | %  |
| b. What are the percentage of sales derived from the monthly rentals?                 |     | %  |
| c. Are all rooms inspected on a weekly basis regardless of occupancy?                 | Yes | No |
| d. Does the Rental Agreement grant you the right to enter a guest's room at any time? | Yes | No |
| 18) Are operations open all year round?   | Yes | No |
| If No, what is the average number of months per year?                                 |     |    |
| 19) Are any rooms directly accessed from the exterior of the building?                | Yes | No |
| 20) Are the facilities Americans with Disability Act (ADA) compliant?                 | Yes | No |
| 21) Is there a manager on duty at the premises 24 hours daily?                        | Yes | No |

## SECTION III – ESTIMATED EXPOSURES

22) Confirm total exposures:

Annual Sales	Room Sales	Food Sales	Liquor Sales	Other Sales*	Payroll	Sub Costs	Total Sales
Upcoming Year (Estimated)	\$	\$	\$	\$	\$	\$	\$
Current Year	\$	\$	\$	\$	\$	\$	\$
First Prior Year	\$	\$	\$	\$	\$	\$	\$
Second Prior Year	\$	\$	\$	\$	\$	\$	\$
Third Prior Year	\$	\$	\$	\$	\$	\$	\$
Fourth Prior Year	\$	\$	\$	\$	\$	\$	\$

\*Describe Other Sales:

## SECTION IV – BUILDING INFORMATION

23) Name and Address of Location to be Insured:

24) Years in Business:

Years at Current Location:

25) Building Square Footage:

Number of Rooms:

Number of Buildings:

Parking Area:

Number of Elevators:

Number of Stories:

Maximum Guest Occupancy:

Average Room Rate:

Year Built:

26) If building is greater than 15 years old, confirm when the following updates were performed:

Roof:

Plumbing:

Electrical:

HVAC:

## SECTION V – FIRE & LIFE SAFETY

27) Is the building in full compliance with state and local codes governing building construction, smoke detection, fire suppression, crowd management, emergency lighting and at least two means of egress?

Yes No

28) Has the Applicant ever been cited for violation of any fire or life safety code?  
If Yes, explain:

Yes No

29) Is there a formal evacuation plan in place?

Yes No

If Yes, is the evacuation plan posted in a conspicuous and highly visible location in the event of an emergency?

Yes No

30) Are there Carbon Monoxide alarms/detectors installed in the buildings?

Yes No

31) Do any of the buildings have ACTIVE Knob and Tube and/or Aluminum Wiring?  
If Yes, confirm which buildings:

Yes No

32) Is the use of pyrotechnics allowed on the premises?  
If Yes, explain:

Yes No

33) Are stairs and walking areas protected by a non-skid coating/tape or mats?

Yes No

34) Are bathroom floors and shower/tub surfaces protected by slip-resistant surfaces/mats? Yes No

## SECTION VI – MAINTENANCE

35) Is there a full-time maintenance staff? Yes No

**36) Confirm the type of building and/or maintenance, service and repair performed by the Applicant (Direct) or subcontracted (Sub).**

NOTE: Direct is a percentage of total direct payroll and Subbed is a percentage of total subcontractor cost.

Type	Direct	Sub
Snow & Ice Removal	%	%
Elevator Maintenance & Repairs	%	%
Landscaping	%	%
Housekeeping/Janitorial Services	%	%
General Maintenance & Repairs	%	%
Other:	%	%

37) Are housekeeping/janitorial services required to complete sweep sheets? Yes No

38) Are there have written procedures for regular inspections of the premises, to identify potential liability hazards and to assure all necessary corrections and repairs are made, and are records of such inspections retained for at least five years? Yes No

39) Are there any construction projects planned for the upcoming policy term?  
If Yes, Yes No

a. Provide full scope of project, location, total costs, payroll, and sub costs:

b. Will the construction be subcontracted out? Yes No

c. Are signs posted on property to notify guests of construction and/or routine maintenance? Yes No

## SECTION VII – PREMISE SECURITY

40) Is there video surveillance of the interior and exterior of your premises including the parking lot?  
If partial coverage, describe: Yes No

41) Description of site security (check all that apply):

Bouncers	Doormen	Independent Security Guard Service
Off-Duty Uniformed Police	Inside	Outside
Armed	Unarmed	

42) Describe duties and training:

43) Describe pre-employment screening process:

44) Are criminal background checks and reference checks conducted on all Employees, Volunteers, and Independent Contractors? Yes No

45) Within the last 5 years, have there been any incidents at the facilities where the police were called to respond? Yes No  
 If Yes, explain:

**SECTION VIII – RISK TRANSFER**

46) Does the Applicant secure written contracts with all **subcontractors/independent contractors, security guard services and/or tenants?** Yes No  
 If Yes, does the contract require them to:

- a. Carry \$1,000,000 Occurrence/\$2,000,000 General Aggregate Limits in General Liability coverage or greater? Yes No
- b. Name the Applicant as an Additional Insured? Yes No
- c. Defend, indemnify and hold the Applicant harmless? Yes No
- d. Maintain Workers Compensation insurance (if not a tenant)? Yes No

**SECTION IX – RESTAURANT OR KITCHEN OPERATIONS** **N/A**

47) Does the Applicant own and operate the restaurant? Yes No  
 48) Is the restaurant open to the general public? Yes No  
 49) Are there cooking facilities on the premises? Yes No  
 50) Are cooking facilities provided in guests rooms? Yes No  
 51) Is there an automatic extinguishing system over the cooking surface? Yes No  
 52) Are automatic extinguishing systems serviced no less than every 6 months? Yes No  
 53) Are the stoves equipped with an automatic shut-off valve? Yes No  
 54) Is there a maintenance contract to the duct system? Yes No  
 55) Are hoods and ducts cleaned as necessary by a contracted third party? Yes No  
 Cleaning schedule:            Monthly            Quarterly            Semi-annually

**SECTION X – RETAIL OPERATIONS** **N/A**

56) Confirm if the Applicant has any of the following:

Check All That Apply	Retail	Food Sales	Liquor Sales	Total Sales	Operated by Applicant		Operated by Tenant	
					Yes	No	Yes	No
	Convenience/Grocery Store	\$	\$	\$	Yes	No	Yes	No
	Liquor Store	\$	\$	\$	Yes	No	Yes	No
	Gift Shop	\$	\$	\$	Yes	No	Yes	No
	Pro Shop	\$	\$	\$	Yes	No	Yes	No
	Other:	\$	\$	\$	Yes	No	Yes	No



## SECTION XII – AMENITIES & RECREATIONAL FACILITIES

N/A

69) Confirm if the following amenities are available and if they are operated by the Applicant (Direct) or subcontracted (Subbed).

NOTE: Direct is a percentage of total direct payroll and Subbed is a percentage of total subcontractor cost.

Type	Direct	Subbed
Fitness Center	%	%
Basketball/Racquet Ball/Tennis Courts	%	%
Playground	%	%
Jogging Trails	%	%
Golf Course	%	%
Skiing	%	%
Water Park Attractions	%	%
Water Sports/Excursions	%	%
Saddle Animals	%	%
Spa/Sauna	%	%
Jacuzzi/Hoy Tub	%	%
Massage Therapy	%	%
Tanning Beds	%	%
Recreational Equipment Retail	%	%
Other:	%	%

70) Are any of the amenities or recreational facilities open to the public? Yes    No

71) Are walking surfaces slip-resistant? Yes    No

72) Are rules and safety guidelines posted? Yes    No

73) Describe the types of equipment on the playground:

74) Describe the ground surfacing the playground equipment area:

75) Describe the types of equipment in the gym:

76) Are guests required to sign a liability waiver in favor of the Applicant, prior to use of the amenities? Yes    No

77) Are guests required to sign a liability waiver in favor of the Applicant, prior to participating in Recreational activities? Yes    No

78) Are parents or legal guardians required to sign liability waivers on behalf of all minors? Yes    No

79) Was the liability waiver written or reviewed by an attorney to confirm Compliance with all applicable laws and regulations in the state where the facility is located?

Yes No

**SECTION XIII – SPECIAL EVENTS**

**N/A**

80) Does the Applicant operate any of the below events?

Check All That Apply	Events	Food Sales	Liquor Sales	Total Sales
	Banquets/Weddings	\$	\$	\$
	Convention or Trade Shows	\$	\$	\$
	Special Events & Promotions	\$	\$	\$
	Other:	\$	\$	\$

81) Is liquor served at these events?

Yes No

82) Is catering provide at these events?

Yes No

83) Are there shuttle/transportation services?

Yes No

If Yes, are the shuttle/transportation services provided by:

Applicant

Independent Contractor

84) Is there valet parking?

Yes No

85) Does the Applicant serve or sell alcoholic beverages at off-premises events?

Yes No

86) Are patrons allowed to bring their own alcoholic beverages into the establishment?

Yes No

# LIQUOR LIABILITY APPLICATION

N/A

(Complete the following sections only if the Applicant desires a quote for LIQUOR LIABILITY INSURANCE)

## SECTION XIV – COVERAGE INFORMATION

87) Liquor Liability Limits Requested:

\$                      Each Common Cause / \$                      Aggregate

88) Is Assault or Battery Coverage Needed?                      Yes      No  
If Yes, indicate the desired limit:

\$                      Each Common Cause / \$                      Aggregate

## SECTION XV – LOSS CONTROL

89) Are all employees serving or selling alcoholic beverages required to be certified by a formal alcohol training program?                      Yes      No  
If Yes, describe (TIPS, TAM, ServSafe, etc.):

90) How often must employees serving or selling alcoholic beverages obtain recertification?

91) Does management frequently review applicable liquor liability laws (including penalties for serving intoxicated or underage customers) with employees?                      Yes      No

92) Does the Applicant admit any person under the age of 21?                      Yes      No

If Yes, describe the procedures for preventing the service or sale of alcohol to anyone under 21:

93) Prior to the sale or service of alcoholic beverages, are identification scanners used to confirm the age of every customer?                      Yes      No

94) Is there a formal ride-home procedure for intoxicated customers?                      Yes      No  
If Yes, describe:

95) Is there a written policy prohibiting the sale or service of alcohol to any person (including employees) after business hours?                      Yes      No

96) Time last call is made:

97) Are there drink promotions of any kind (happy hour, two-for-one, flights of beer, etc.)?                      Yes      No  
If Yes:

a. Does a promotion ever last for more than three consecutive hours?                      Yes      No

b. Is a promotion ever offered after 9:00 pm?                      Yes      No

## SECTION XVI – REGULATORY

98) Name on Liquor License:

Type of Liquor License:

99) Has the Applicant ever been assessed a fine for violation of law or ordinance related to illegal activities or the sale of alcohol? Yes No  
 If Yes, provide details including steps taken since the violation to prevent future violations:

100) Has the Applicant's liquor license ever been suspended or revoked? Yes No  
 If Yes, provide details:

## SECTION XVII – GENERAL LIABILITY / LIQUOR LIABILITY CARRIER & LOSS HISTORY

101) Five-year carrier and loss history (or check here if no insured or uninsured losses in five years )::

Policy Period	Carrier	SIR / Deductible	Claims Valuation Date	# Claims	Reserves	Paid	Total Incurred

102) Is the Applicant aware of any event, incident, condition or circumstance that may result in a claim that is not listed above? Yes No  
 If Yes, attach an explanation.

## SECTION XVIII – LOSS HISTORY DETAILS

103) Describe any **General and/or Liquor liability losses** (whether or not covered by insurance) claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions the applicant has taken to prevent similar losses:

104) Describe any losses (whether or not covered by insurance) involving **assault or battery** claimed or sustained within the past five years including:

- a. Amounts paid or reserved for damages or expenses:
- b. Corrective actions the applicant has taken to prevent similar losses:

## SECTION XIX – CURRENT LIABILITY INSURANCE PROGRAM

Current Carrier:

Limits:

Deductible:

Premium:

Rate:

## Fraud Notices

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

***If you prefer not to return the questionnaire with an electronic signature, please print and sign.***