

Applicant Information

1. Date: _____
2. Named Insured: _____
3. Mailing Address: _____
4. Street Address (if different): _____
5. City, State, Zip Code: _____
6. Website Address: _____
7. Establishment Type: Hotel Motel Inn Other: _____

General Information

1. Years owned by the insured? _____
2. Revenue information:

	Prior 12 Months	Next 12 Months
Total Revenue		
Room Revenue		
Food Revenue		
Liquor Revenue		
Other Revenue (describe)		

3. Are any rooms rented for a period of less than 24 hours? Yes No
4. Are any rooms rented by: the week; or by the month?
5. Clientele: Family-oriented Destination Resort Business Travel Bed & Breakfast
6. Is there a restaurant and/or bar on the premises? Yes No If
yes, please complete Supplemental Restaurant Application.
7. Are cooking facilities provided in room? Yes No

Hotel/Motel Application
(Complete in addition to ACORD Applications)

If yes, is there an operational automatic extinguishing system in place? Yes No

8. Are rooms accessible by interior or exterior hallways? Interior Exterior

9. Any special events/wedding receptions held on premises? Yes No

If yes, how many events per year? _____

10. Property Locations
(Name, Street Address, City, State, Zip Code)

1. _____
2. _____
3. _____

11. Building Information

Location #1	
Building Square Footage:	Number of Rooms:
Number of Buildings:	Average Room Rate:
Year Built:	Parking Square Footage:
Number of Elevators:	Average Occupancy:
Number of Stories:	

If more than three locations, please complete separate application

12. Swimming Pool Information

a. Do any locations contain a swimming pool? Yes No

If yes, please complete a Supplemental Swimming Pool Application for each pool.

b. Do any locations contain a hot tub or spa? Yes No

13. Check if any of the following:
- | | | |
|---|--|--|
| <input type="checkbox"/> Beaches or Lakes | <input type="checkbox"/> Bike Trails | <input type="checkbox"/> Clubhouses |
| <input type="checkbox"/> Playgrounds | <input type="checkbox"/> Fitness Centers | <input type="checkbox"/> Sporting Courts |
| <input type="checkbox"/> Spa/Sauna | <input type="checkbox"/> Casino | <input type="checkbox"/> Other: _____ |

If there is a Fitness Center, are there rules and safety guidelines posted? Yes No

14. Is there a daycare center (or is daycare offered otherwise)? Yes No



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15. If building over 15 years, when were the following updates performed?

Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____

16. Type of wiring: [] Copper [] Aluminum [] Pigtailed [] Circuit Breakers

17. What percentage of building is sprinklered? _____

18. Number of exits per floor? _____

19. If over two stories, is there a secondary means of egress provided? [] Yes [] No

20. Are there any balconies? [] Yes [] No

21. Does building have a manual fire alarm? [] Yes [] No

22. Does building have a central station fire alarm? [] Yes [] No

23. Does building have emergency lighting? [] Yes [] No

24. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room and floor [] Yes [] No

25. Are smoke detectors in each unit? [] Yes [] No
If yes, are they: [] Hard wired [] Battery [] Both

26. Are carbon dioxide detectors in each unit? [] Yes [] No
If yes, are they: [] Hard wired [] Battery [] Both

27. Is any portion of the building leased to others? [] Yes [] No
Explain including square footage: _____

28. Is the premises covered by security cameras? [] Yes [] No

29. Are there security guards on the property? [] Yes [] No
Are they employees? [] subcontractors? [] provided by a private security company? []
Are they armed? [] or unarmed? []

30. Does insured provide any type of shuttle service for guests? [] Yes [] No
If yes, please explain: _____

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31. Does the insured provide valet parking? Yes No
32. Is there a snow and ice removal contract in place by an insured contractor? Yes No
33. Any construction planned during the upcoming policy period?
If so, describe (including the anticipated cost over the next 12 months)? Yes No
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34. Are rooms in compliance with the Americans with Disabilities Act (ADA)? Yes No
35. Have there been any Assault and Battery claims in the last 5 years? If so please describe. Yes No
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Representation

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. The applicant, agent, and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

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.

Insured: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

PLEASE READ CAREFULLY GENERAL

FRAUD WARNING NOTICE

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.