

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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**BUSINESS INFORMATION**

1. Describe your operations (i.e. hotel, motel, bed & breakfast, etc.):

<input type="checkbox"/> Full-Service Hotel	<input type="checkbox"/> Limited-Service Hotel	<input type="checkbox"/> Extended Stay Hotel	<input type="checkbox"/> Convention Hotel
<input type="checkbox"/> Motel	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Single Room Occupancy (SRO)	<input type="checkbox"/> Boutique Hotel
<input type="checkbox"/> Other:			

2. Does the Applicant have a national affiliation?  Yes  No  
If Yes, indicate affiliation:

3. Describe your clientele:

<input type="checkbox"/> Family Oriented	<input type="checkbox"/> Destination Resort	<input type="checkbox"/> Business Travel	<input type="checkbox"/> Other:
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4. Rooms are rented (check all that apply):

<input type="checkbox"/> Hour	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month
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If rooms are rented on a weekly basis, indicate percentage of rooms rented on weekly basis: \_\_\_\_\_ %

5. Years in operation:

6. Years of experience as a Hotel/Motel/B&B operator:

7. Is the operation open year-round?  Yes  No  
If No, average number of months per year in operation:

8. Number of rooms:

9. Average room rate: Current Year: \$ \_\_\_\_\_ Previous Year: \$ \_\_\_\_\_ Occupancy percentage: \_\_\_\_\_ %

10. Does the operation have any restrictions imposed on the length of stay, including any requirement that a guest/tenant check out and re-register every 28-30 days?  Yes  No  
If Yes, describe:

	Yes	No
11. Do any guests consider the hotel their permanent residence?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are the rooms rented to hospital patients or inmates?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do any rooms have a kitchenette, wood burning stove, or fireplace? If Yes, are fire extinguishers in place?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you allow smoking in rooms?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are employees on premises 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are any "Do not rent" lists kept by the hotel/motel?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are animals allowed on the premises? If Yes, describe pet policy (i.e. size, breed, daily charge):	<input type="checkbox"/>	<input type="checkbox"/>

18. Have there been any allegations or claims related to human or sex trafficking?  Yes  No

19. On a yearly basis, indicate how often police have been called for incidents at your premises:

<input type="checkbox"/> < 5 times	<input type="checkbox"/> 5 - 10 times	<input type="checkbox"/> 11 - 25 times	<input type="checkbox"/> Over 26 times
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**SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS**  N/A

	Yes	No
1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you utilize a standardized contract with all your contractors?	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you require contractors to:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation?         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records?   | <input type="checkbox"/> | <input type="checkbox"/> |
4. Total cost of work contracted: \$

**REVENUE INFORMATION**

Revenue	Most Recent Yr.	1 <sup>st</sup> Year Prior	2 <sup>nd</sup> Year Prior	3 <sup>rd</sup> Year Prior
Rooms				
Food Sales				
Liquor Sales				
Conference and Convention Fees				
Equipment Rental (Snowmobiles, boats, skis, etc.)				
Other Revenue				

Describe Other Revenue:

**BUILDING SAFETY & PROTECTION**

**Alarms & Detectors**

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1. Is the complex in compliance with all applicable state and local statutes governing safety devices?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the premises meet NFPA 74 for hardwired smoke detectors with battery backup in guest rooms?<br>Specify: <input type="checkbox"/> Hard-Wired <input type="checkbox"/> Battery <input type="checkbox"/> Both | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there smoke alarms in each unit?<br>Specify: <input type="checkbox"/> Hard-Wired <input type="checkbox"/> Battery <input type="checkbox"/> Both   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the building have a central station alarm?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Wiring & Breakers**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 5. Is there aluminum wiring on the premises?<br>If Yes, is the aluminum wiring repaired? Describe: _____                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there any knob and tube wiring?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any Federal Pacific Electrical Panels or Stab-Lock circuit breakers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any Zinsco Magnastrip circuit breakers?<br>If Yes, have the panels been inspected within the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

**Building Floors**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 9. Is a secondary means of egress provided if over two stories? <input type="checkbox"/> N/A – not over 2 stories | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do all buildings/floors have clearly marked fire exits?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are buildings/rooms sprinklered? If Yes, indicate percentage: _____%  | <input type="checkbox"/> | <input type="checkbox"/> |

**Lighting**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 13. Is there premises lighting in parking areas, walkways and common areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is emergency lighting provided in all common areas?                     | <input type="checkbox"/> | <input type="checkbox"/> |

**Tubs/showers**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 15. Do tubs and showers have non-slip surfaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do tubs and showers have grab bars?         | <input type="checkbox"/> | <input type="checkbox"/> |

**Room Doors**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 17. Do guest rooms have self-closing doors?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do room doors have:                           |                          |                          |
| a. Viewing devices (peep holes)?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sliding locks and door chains?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do adjoining room doors have a deadbolt lock? | <input type="checkbox"/> | <input type="checkbox"/> |

**Miscellaneous**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 20. Do you have a service contract in place to monitor and control pests, including bed bugs? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

**SECURITY/BOUNCERS**  N/A

- 1. Security provided:  Armed  Non-Armed  None
- 2. Security offered:  Bouncers  Patrol  Gated/Property Access  Burglary Alarm Systems  
 Off Duty Police  Other:

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- 3. If Independent Contractors are used: **Yes** **No**
  - a. Is Applicant named as Additional Insured with a hold harmless on security firm's policy?
  - b. Does Independent Contractor provide certificates of insurance with at least \$1,000,000 liability limits?
- 4. Are background/reference checks required for all employees?
- 5. Are card keys used in lieu of metal keys?
- 6. Rooms are accessible by:  Interior hallways  Exterior hallways
- 7. Do sliding glass doors have security bars or poles with door tracks?
- 8. Does facility have CCTV for monitoring parking and entrances?
- 9. Are there any guard dogs on the premises?
- 10. Are there any firearms kept for protection on the premises?

**RECREATIONAL EXPOSURES - Advise number, miles, acres or square feet, as indicated:**

Baseball Field	_____	Dance Floor	_____	Saddle Animals	_____
Basketball Court	_____	Exercise Facilities	_____	Sauna	_____
Babysitter/Daycare	_____	Jacuzzi/Hot Tub	_____	Ski Lodge	_____
Beaches	_____	Lake/Pond (acres)	_____	Swimming Pool	_____
Biking/Jogging Trail (miles)	_____	Park (acres)	_____	Tanning Beds	_____
Boat Dock/Slip	_____	Parking Garage	_____	Tennis Court	_____
Clubhouse/Party room (Sq. ft.)	_____	Playground	_____	Water/Theme Park	_____

Other (describe): \_\_\_\_\_

Are there any massage therapists?  Yes  No If Yes, indicate:  Employee  Independent Contractor  
If a sub, is Applicant named as Additional Insured with hold harmless on the masseuse's policy?  Yes  No

**SWIMMING POOLS**  N/A

- 1. Number of pools: \_\_\_\_\_
- 2. Pool is:  Indoor  Outdoor
- 3. Hours of operation: \_\_\_\_\_

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- 4. Is there a self-closing gate/door? **Yes** **No**
- 5. Is there a lifeguard?
- 6. Is there a diving board over 3 meters? (Exclusion required)
- 7. Is the pool fenced from all units?
- 8. Is the fence at least 4' in height?
- 9. Does the pool have depth markers?
- 10. Is fence locked when pool is closed?
- 11. Is the pool/spa in compliance with Virginia Graeme Baker Pool and Spa Safety Act?

**COOKING EXPOSURE**  N/A

- 1. Type of exposure:  Restaurant  Bar  Tavern  Other: \_\_\_\_\_

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- 2. Does food preparation involve cooking? If Yes, complete the following: **Yes** **No**  
  - a. Are preparation and sanitation procedures followed to prevent food borne illness?
  - b. Indicate if the following are present and how often they are inspected and cleaned:
    - (1) Filters, hoods, and ducts for all cooking areas: \_\_\_\_\_
    - (2) UL-approved fire extinguishing system: \_\_\_\_\_
    - (3) Fuel shut-off actuation of automatic fire protection system: \_\_\_\_\_
  - c. Is there tableside cooking or open pit barbeques?
- 3. If restaurant/lounge, operation is:  Owner-Operated  Leased by Others  
If operated by others, does operator have insurance in place naming you as Additional Insured?

**LIQUOR EXPOSURE**Do your operations include the sale of liquor?  Yes  N/A

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you have a liquor license?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you dispense or provide alcoholic beverages for off-premises events?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had your liquor license revoked/suspended or received a citation/violation notice?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all alcohol-serving employees certified in a <b>Formal Alcohol Training Course</b> ?<br>If Yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are employees allowed to consume alcohol during their hours of employment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there written and enforced policies for intoxicated customers and minors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you host an open bar that provides alcohol at no charge (e.g. Manager Happy Hour)?<br><b>If Yes, risk is ineligible for Liquor Liability coverage.</b>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any package sales?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you sponsor any drink specials (i.e. 2-for-1, ladies' night, etc.)?<br>If Yes, describe:  | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE  
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address