

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION - HOTEL-MOTEL-TIMESHARE - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Aluminum wiring
- Annual average occupancy is less than 60%
- Armed security guards, off duty peace officers acceptable
- Rental by the hour
- Marinas
- Saddle animals for hire

SUBMIT

- Occupancy rate is under 60% annually
If yes, what is the actual occupancy rate: _____ %

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

CONTRACTS

- Written contracts are always used with third parties. If not, explain:

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LOSS HISTORY

- Three years of loss history information on ACORD application or attached to this application

EXPOSURES / OPERATIONS

- Commercial space (office, retail, restaurant, bar, tavern) leased to others?
Total area leased: _____ sq ft
Type(s) of tenant(s): _____
- Spaces rented for campers/mobile homes
If yes, number of spaces: _____
- Time-Share Units
If yes, Total number of units: _____
- Equipment rentals such as boats, canoes, paddle boards, chairs, etc.
If yes, what specifically is rented: _____
- Recreational activities conducts by you, or others on premises?
If yes, what specifically: _____
- Structural renovations are in progress or planned in the coming policy term

FACILITIES (check if applicable)

- Bar/Tavern/Lounge
- Beachfront
- Boat Docks / Ramps / Slips If yes, total number of all: _____
- Convenience store
- Fitness center
- Hot tub
- Lakes (must be posted no swimming) If yes, total acreage of all lakes: _____ acres.
- Playground
- Restaurant (complete Restaurant Supplemental Application)
- Sauna / Steam Room
- Swimming Pool(s) (check if applicable)
Number of swimming pools: _____
- Meets Federal swimming pool/spa drain cover standards found in the Virginia Graeme Baker Pool and Spa Safety Act
- Depths marked, Life safety equipment placed in pool area, Rules posted
- Competitions Diving Teams Swimming Instruction
- Fenced completely with self-latching gate(s), if pool is outdoors
- Life guards CPR trained Subcontracted out
- Slides or diving boards Maximum height: _____ feet

CONTROLS

Life Safety

- Carbon monoxide detectors provided
- Elevators (if present) are properly inspected and have all code required safety features
- Fire extinguishers adequately placed in common areas and all have current service tags

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CONTROLS (continued)

Security

- Closed-circuit monitoring of common areas and parking lots
- Guest rooms have peep holes in door
- Third party – off duty peace officers
- Security provide by third party, providing applicant with additional insured status on their policy
- Smoke detectors in all units: Battery operated Hardwired

RECEIPTS

Total Annual Receipts	\$
Total Annual Receipts	\$

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- **Describe type of work performed by subcontractors:**

- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of Insurance - Always obtained from a subcontractor prior to any work being done for you
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

- Total Number of Employees (include leased employees): _____

COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 and U523
 - Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold-U777A
- Signs (Outdoor) 0 Co1449
- Water Back Up and Sump Overflow – U548

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GENERAL FRAUD STATEMENT (Not applicable in all 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 fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE