



HOTEL/MOTEL APPLICATION

APPLICANT INFORMATION:

NAME:
MAILING ADDRESS:
PROPOSED EFF DATE: FROM: _____ TO: _____
WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER
<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG
YEARS IN BUSINESS

PREMISES INFORMATION:

LOC. NO.	BLDG. NO.	STREET, CITY, STATE, ZIP	NO. OF ROOMS	NO. OF STORIES	AVG. PERCENT OF OCCUPANCY	AGE	CONSTRUCTION TYPE	SQ. FT.
					_____ %			
					_____ %			
					_____ %			
					_____ %			

Explain all **YES** answers

DESCRIPTION OF OPERATIONS BY PREMISE(S):

Check one:	Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Inn <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Hostel/SRO/Boarding House <input type="checkbox"/> Dude Ranch <input type="checkbox"/> Hunting/Fishing Lodge <input type="checkbox"/> Other: _____ <input type="checkbox"/>
------------	--

1.	Number of years of experience: _____	
2.	Average per night rate? \$ _____	
	• Any rooms rented for period less than 24 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Any rooms rented by the week or the month? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• If YES , what is the percentage of receipts associated with long-term weekly/monthly rentals? _____ %	
	• Total Room Rental Receipts: \$ _____	
	• Total Restaurant Receipts (if any): \$ _____	
	• Total Restaurant Liquor Receipts (if any): \$ _____	
3.	Are cooking facilities provided in guest rooms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• If YES , is there an operational automatic extinguishing system in place? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	• Are extinguishing systems inspected on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If YES , how often? _____	
4.	Does the facility have communal restrooms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	Wiring (check all that apply): Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers <input type="checkbox"/>	
	• If Aluminum: Pigtailed <input type="checkbox"/> Copalum <input type="checkbox"/>	
6.	Are there any rooms that are in compliance with the American Disabilities Act, if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

HOTEL/MOTEL APPLICATION

7. Are smoke detectors present? <ul style="list-style-type: none"> • Battery • If battery, any procedures in place to ensure units are fully operational? • Hardwired • Location of units <ul style="list-style-type: none"> ○ Individual Units ○ Common Areas • Is the building sprinklered? • If YES, what percentage? _____ % 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is a secondary means of egress provided if over two stories? If YES , provide description:	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are there security guards on the premises? <ul style="list-style-type: none"> • If YES: Private Guards _____ Employee Guards _____ • Are they armed? • Any firearms kept on premises? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Are there peepholes in guest room doors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Premises lighting in parking areas, walkways, and common areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Any Assault & Battery incidents in complex during the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Are there procedures in place to ensure adequate snow and ice removal, where applicable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Any plans for major renovation of the premises (more than 20% of the building limit or structural renovations)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Any work subbed out? If YES , are Certificates of Insurance required at minimum limits of \$300,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Any daycare services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Swimming pool on premises? If YES , any of the following items on the premises? <ul style="list-style-type: none"> • Check all that apply: Depth marked <input type="checkbox"/> Diving board <input type="checkbox"/> Slides <input type="checkbox"/> Non-slip surfaces <input type="checkbox"/> Lifeguards on duty <input type="checkbox"/> Warning signs and rules posted <input type="checkbox"/> Self-locking gates <input type="checkbox"/> Life Safety Ring Buoy <input type="checkbox"/> • Does the pool comply with the requirements of the Federal Virginia Graeme Baker Pool & Spa Safety Act? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Any Whirlpools or Hot Tubs? If YES , are the following features in place: <ul style="list-style-type: none"> • A Scheduled Maintenance Plan • Equipment Equipped with Temperature Controls • Rules and Instructions Posted • Does equipment meet State regulation? • Is access limited to guests only? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Any playground or children's recreational areas? If YES , please describe the type of equipment: <ul style="list-style-type: none"> • Playground surface: (Check all that apply): Blacktop <input type="checkbox"/> Concrete <input type="checkbox"/> Rubber mats <input type="checkbox"/> Synthetic turf <input type="checkbox"/> • Other: _____ • Any equipment over five feet? 	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

HOTEL/MOTEL APPLICATION

21. Any exercise facilities? If YES , please describe the type of equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Are rules and safety guidelines posted? Yes <input type="checkbox"/> No <input type="checkbox"/> • Is routine scheduled maintenance performed? Yes <input type="checkbox"/> No <input type="checkbox"/> • What is the area/square footage of the _____ sq. ft. 	
22. Any lake, pond, beach, or dock/pier exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Any Rental Equipment available? If YES , please describe the type of equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Any prior history of bedbugs or of other bug infestations? If YES , please provide a description:	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Any recreational facilities provided other than Swimming Pools, Hot Tubs, Whirlpools, or Exercise Facilities? If YES , please provide a description:	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Describe any other occupancy, i.e. restaurants, bars, nightclubs, gift shops, rental halls, beauty shops, etc...	

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Agency: _____ Producer Code: _____ Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance.**

