



Supplemental Application - Hospitality

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address:

3. If Bed & Breakfast, does manager live on site? Yes ____ No ____
4. Description of Building(s)- Include # of stories, year built and number of guest rooms for each building:

Loc.#/Bldg.#	Address	# of Stories	Year Built	# of Guest Rooms	Construction

5. What is the maximum occupancy? _____ Average occupancy rate? _____
6. For buildings over 25 years old, indicate last year each system was updated:

Loc. #	Bldg. #	Heating	Plumbing	Roof	Electric

7. Do any buildings have aluminum wiring? _____ If yes, which one(s)? _____
8. Annual Gross Sales:
 - a. Room Rental _____ c. Liquor Sales _____
 - b. Food Sales _____ d. Other _____
9. Is risk in compliance with local codes regarding fire extinguishers? Yes ____ No ____
10. Are there operational heat and smoke detectors in every unit? Yes ____ No ____
11. Is an automatic sprinkler system in place and operational? Yes ____ No ____
12. Is there a central station fire alarm? Yes ____ No ____

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13. Indicate security provided on insured premises:

Loc. #	Bldg. #	Key Cared required for access into building after hours?	Dead Bolts in guest rooms?	Peep Holes in guest room doors?	Sliding Door security for guest room balconies or patios?	Surveillance cameras?

14. Is there emergency lighting? Yes _____ No _____

15. Are exits accessible, unlocked and illuminated? Yes _____ No _____

16. Is the parking lot / facility lit? Yes _____ No _____ Is the surface well-maintained? Yes ___ No ___

17. For properties with swimming pools:

a. Are pools fenced with self-latching gate? Yes _____ No _____

b. Are warning signs and rules posted? Yes _____ No _____

c. Does the pool area have non-slip surfaces? Yes _____ No _____

d. Is the pool depth marked? Yes _____ No _____

e. Any slides or diving boards over 3 feet? Yes _____ No _____

18. Is there a fitness center on premises? _____ If yes, is a key required for entry? _____

19. Is there playground equipment on the premises? _____ If yes, please describe each piece of apparatus: _____

20. Are there any other recreational amenities provided on the premises (such as clubhouse, community room, hot tubs or saunas, basketball court, tennis courts)? If yes, Please provide description: _____

21. Is there a restaurant with cooking facilities on site? Yes _____ No _____

a. Is there an automatic extinguishing system over all cooking surfaces? Yes _____ No _____

b. Is there a cleaning contract in place with an outside firm? Yes _____ No _____

c. Are hoods and ducts cleaned regularly by employees? Yes _____ No _____

22. Is the restaurant owned and operated by the applicant? Yes _____ No _____

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23. If restaurant is owned/ operated by another entity, does the tenant have equal limits to the applicant in place?

Yes _____ No _____ Is the applicant named as an Additional Insured? Yes _____ No _____

24. Are alcoholic beverages served on the premises? Yes _____ No _____ If yes:

a. Does the applicant have a current liquor license in place? Yes _____ No _____

b. Has the license ever been revoked or suspended? Yes _____ No _____

c. Are all servers trained in alcohol awareness with certificates? Yes _____ No _____

Named Insured Signature: _____

Date: _____

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FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

Colorado: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York: 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.