



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

HOTEL OR MOTEL SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

| | | | |
|---|----------------|---------------|--|
| Named Insured: | | | |
| Brokerage/Broker: | | Agency/Agent: | |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Policy Number: | | |
| Effective Date: | | | |
| Website: | | | |

2)

Current Carrier Information:

| | | | |
|--|---|-------------------|--|
| Carrier: | | | |
| Limit of Insurance: | | | |
| Deductible: | | | |
| Premium: | | | |
| Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> | Retroactive date: | |

Please attach copies of the following:

- a) *Currently valued five year loss runs, including claim detail for all losses open or exceeding \$10,000*
- b) *Applicant's brochure, description of operations, or marketing materials if a website is not available*
- c) *A completed Kinsale General Casualty SOV for your premises*

3)

Mailing address:

Address: _____
 City: _____ State: _____ Zip Code: _____

4)

Please complete the below table regarding your revenues:

| | Upcoming Year (est.): | Last 12 Months: | One Year Prior: | Two Years Prior: | Three Years Prior: |
|----------------|--------------------------|-----------------|-----------------|---------------------|-----------------------|
| Revenue | | | | | |

5)

Audit/Inspection contact: _____
 a. Phone number: _____
 b. Email: _____

OPERATIONS

6) What type of lodging do you offer?

- | | | |
|--|--|---|
| <input type="checkbox"/> Motel | <input type="checkbox"/> Budget Hotel | <input type="checkbox"/> Mid-Range Hotel |
| <input type="checkbox"/> Luxury Hotel/Resort | <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Cabins/Yurts/Tiny Houses |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Extended Stay Hotel | <input type="checkbox"/> Floating Hotel/Docked Ship Hotel |
| <input type="checkbox"/> Other: _____ | | |

7) Who is your typical clientele? Check all that apply and provide a percentage of operations for each:

| Client Type | Percentage of Clientele |
|--|-------------------------|
| <input type="checkbox"/> Business Travel | % |
| <input type="checkbox"/> Family Leisure Travel | % |
| <input type="checkbox"/> Luxury Leisure Travel | % |
| <input type="checkbox"/> Airport Stopover | % |
| <input type="checkbox"/> Long-Term/Extended Stay/Temporary Housing | % |
| <input type="checkbox"/> Weekend Getaway | % |
| <input type="checkbox"/> Road Travelers/Truckers | % |
| <input type="checkbox"/> Backpackers/Foot Tourists | % |
| <input type="checkbox"/> Other: _____ | % |
| TOTAL | 100% |

8) How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

9) How many rooms/units does your lodging have? _____

10) What is your typical occupancy rate? _____

a. Do you have a peak season period? Yes No

b. If yes to a., when is it? _____

11) How are rooms accessed (eg outside hallway, interior hallway)? _____

12) What is your average breakdown of annual revenue? Check all that apply and provide a percent of revenues for each:

| Revenue Source | Percentage of Annual Revenue |
|---|------------------------------|
| <input type="checkbox"/> Base Room Rate | % |
| <input type="checkbox"/> Extra Room Charges (other than food or liquor) | % |
| <input type="checkbox"/> Food Sales | % |
| <input type="checkbox"/> Liquor Sales | % |
| <input type="checkbox"/> Retail Shop Sales | % |
| <input type="checkbox"/> Other: _____ | % |
| TOTAL | 100% |

13) What is your average room rate? _____ per _____

- 14) Do you have a restaurant or bar on premise (other than a self-service breakfast bar)? Yes No
a. If yes, what are the operating hours? _____
- 15) Do you have a gift shop, travel sundries shop or other retail shopping on premise? Yes No
a. If yes, do you own or operate the shop(s)? Yes No
- 16) Are cooking facilities or hot plates provided in rooms? Yes No
- 17) Are special events, wedding receptions, galas, etc. held at your location? Yes No
a. If yes, about how many events annually? _____
- 18) Are any of the following features on your premise? Check all that apply:
- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Outdoor Pool | <input type="checkbox"/> Beach, Lake, Pond, River, Creek |
| <input type="checkbox"/> Playground | <input type="checkbox"/> On-Site Childcare Services | <input type="checkbox"/> Bike/Hiking/Nature Trails |
| <input type="checkbox"/> Dog Park | <input type="checkbox"/> Fitness Center/Gym | <input type="checkbox"/> Sporting Courts |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Laundry Room/Services | <input type="checkbox"/> Spa Services |
| <input type="checkbox"/> Hot Tub | <input type="checkbox"/> Sauna/Steam Room | <input type="checkbox"/> Clubhouses/Party Rooms |
- 19) If you indicated pools or bodies of water in 18), please complete the following:
- a. How many pools or other water hazards do you have? _____
- b. Do you have any diving boards, slides, rope swings, floating obstacle courses or trampolines, or other recreational aquatic equipment? Yes No
- c. Are areas around pools fully fenced/enclosed with a self-locking gate or door? Yes No
- d. Are water depths clearly marked? Yes No
- e. Is a lifeguard on duty at all times when the pool or body of water is open? Yes No
- f. Are warning signs and rules posted in a visible area? Yes No
- g. Do posted rules stipulate that minor children must be attended by a parent or guardian at all times? Yes No
- h. Have all pools been fitted with anti-vortex drain covers? Yes No
- i. How frequently are pool pH levels checked? _____
- j. How frequently are pools closed for sanitation/chemical shocking? _____
- 20) Do you have any rooms or suites which are intended to accommodate more than six adults in a single booking/party (eg bachelor party suites)? Yes No
a. If yes, what is the highest occupancy room you have? _____
- 21) Do you have any rooms where multiple guests/parties share sleeping or restroom space (eg common bunks or dormitory style accommodations)? Yes No
a. If yes, are these facilities co-ed? Yes No
b. Are guests under the age of 18 permitted to lodge in these facilities without a parent or legal guardian present? Yes No
c. Do you provide lockers? Yes No
- 22) Do you lease any of your building to other entities? Yes No
a. If yes, please describe to whom you lease space, the square footage leased, and the operations of your tenant(s):

- 23) Do you provide any type of shuttle/guest transport services? Yes No
a. If yes, is this strictly an airport or train station shuttle? Yes No

b. If you have transport services other than an airport/rail shuttle, please describe: _____

SAFETY INFORMATION

- 24) Does each room/unit have a smoke or heat detector? Yes No
a. If yes, is it hard-wired, battery powered, or both? _____
- 25) Does each room/unit have a carbon monoxide detector? Yes No
a. If yes, is it hard-wired, battery powered, or both? _____
- 26) Is your building older than 15 years in construction? Yes No
a. If yes, when was the last major all units renovation? _____
b. When was the heating/HVAC last updated? _____
c. When was the electrical last updated? _____
d. When was the plumbing last updated? _____
e. When was the roof last updated? _____
- 27) Do you have any security? Yes No
a. If yes, are these personnel employed by you? Yes No
+ If no, is the third party service required to hold you harmless for their operations
and provide a COI showing proof of liability insurance? Yes No
b. Do you utilize any off-duty police officers for security? Yes No
+ If yes, do officers carry their service firearms while on your premise? Yes No
+ Do you contract K9 unit officers who bring their dog to your premise? Yes No
c. Are security guards armed? Yes No
+ If yes, do they carry firearms? Yes No
+ Tasers/stun guns? Yes No
+ Mace/pepper spray? Yes No
+ Other: _____
- 28) How far are you from the nearest fire department? _____
- 29) Do you handle landscaping and general maintenance at all premises? Yes No
a. If yes, are any of these operations performed by a third party contractor? Yes No
b. Do you require a written contract with hold harmless wording in your favor from this
contractor? Yes No
c. Are contractors required to provide a COI evidencing Liability insurance which grants you
Additional Insured status? Yes No
d. Do you maintain written records logging both self-performed and contractor performed
maintenance? Yes No
- 30) Do you handle snow and ice removal at all premises? Yes No
a. If yes, is snow and ice removal performed by a third party contractor? Yes No
b. Do you require a written contract with hold harmless wording in your favor from this
contractor? Yes No
c. Are contractors required to provide a COI evidencing Liability insurance which grants you
Additional Insured status? Yes No

d. What are your procedures for snow and ice removal when not handled by a snow and ice removal contractor?

e. Do you maintain written records logging both self-performed and contractor performed snow and ice removal? Yes No

31) Do you have any construction planned during the next 12 months? Yes No

a. If yes, please describe: _____

LOSS HISTORY

32) Have you had any Liability claims that were or were not covered by insurance? Yes No

If yes, please attach an explanation.

33) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company? **If yes, please attach an explanation.** Yes No

34) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents arising out of or related to your operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____