

**HOTEL / MOTEL / BED & BREAKFAST SUPPLEMENTAL (Complete in addition to ACORD App)**

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

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

- Describe your operations (i.e. hotel, motel, bed & breakfast, etc.):
- Describe any seasonal risks:
- Average occupancy rate:
- Does the risk have any restrictions imposed on the length of stay, including any risk that requires a guest/tenant to check out and reregister every 28-30 days?  Yes  No  
If yes, describe:
- Are animals allowed on the premises?  Yes  No
- Do any rooms have a kitchenette, wood burning stove, or fireplace?  Yes  No  
If yes, are fire extinguishers in place?  Yes  No
- Percent of the building/rooms that are sprinklered:
- Are employees on premises 24 hours?  Yes  No

**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 of your contractors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require contractors to:		
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**

	Most Recent Yr.	1 <sup>st</sup> Year Prior	2 <sup>nd</sup> Year Prior	3 <sup>rd</sup> Year Prior
Room Revenue				
Food Sales Revenue				
Liquor Sales Revenue				
Other Revenue				
Describe:				
Average Room Rate				

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

Baseball Field	_____	Dance Floor	_____	Saddle Animals	_____
Basketball Court	_____	Exercise Facilities	_____	Sauna/Hot Tubs	_____
Babysitter/Daycare	_____	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):	_____				

**SWIMMING POOLS**  N/A

1. Number of pools: \_\_\_\_\_
2. Is pool indoor or outdoor? \_\_\_\_\_
3. Hours of operation: \_\_\_\_\_
- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 4. Is there a self-closing gate/door?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a lifeguard?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a diving board over 3 meters? (Exclusion required)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the pool fenced from all units?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the fence at least 4' in height?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the pool have depth markers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is fence locked when pool is closed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the pool/spa in compliance with Virginia Graeme Baker Pool and Spa Safety Act? | <input type="checkbox"/> | <input type="checkbox"/> |

**COOKING EXPOSURE**  N/A

1. Type of exposure:  Restaurant  Bar  Tavern  Other: \_\_\_\_\_
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 2. Does food preparation involve cooking? If yes, complete the following:              | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are preparation and sanitation procedures followed to prevent food borne illness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Indicate if the following are present and how often they are inspected and cleaned: |                          |                          |
| (1) Filters, hoods, and ducts for all cooking areas: _____                             | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) UL-approved fire extinguishing system: _____                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Fuel shut-off actuation of automatic fire protection system: _____                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is there tableside cooking or open pit barbeques?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you provide any off-premises catering?   | <input type="checkbox"/> | <input type="checkbox"/> |

**LIQUOR EXPOSURE**  N/A

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Do your operations include the sale of liquor? If yes, complete the following:                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 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> ?         | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____                            |                          |                          |
| 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)?            | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, risk is ineligible for Liquor Liability coverage.</i>                                    |                          |                          |
| 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.)?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe: _____   |                          |                          |

**SECURITY/BOUNCERS**  N/A

1. Is security provided?  Yes, Armed  Yes, Non-armed  No
- Security Offered:  Bouncers  Patrol  Gated/Property Access  Burglary Alarm Systems
- Security Cameras  Other: \_\_\_\_\_
2. Are background/reference checks required for all employees?  Yes  No
3. Does the applicant desire Assault or Battery coverage?  Yes  No
- If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?
- Yes  No If yes, provide details: \_\_\_\_\_

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**IMPORTANT NOTICE  
DECLARATION**

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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.

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**SIGNATURES**

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Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address

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