

Hotel Supplemental Application

1. Name: _____
2. Location: _____
3. Age: _____ Years Owned By Assured: _____
 - A. If Over 15 Years, Provide Year Of Updates:
 Roof: _____ Electrical: _____ Plumbing: _____ Heating: _____
 - B. Any Periodic Check Of Stairs, Balconies, Etc.? Yes No How often?
 Balcony rails tested Yes No
4. Building Construction:

A. Frame/Combustible _____	D. Masonry/Noncombustible _____
B. Joisted Masonry _____	E. Modified Noncombustible _____
C. Noncombustible _____	F. Fire Resistive _____

Roof Construction: _____

 - A. Number Of Stories? _____ If Over Three (3) Stories, Are Interior stairways Enclosed And Equipped With Self-Closing Fire Doors On Each Floor? Yes No
 Are Buildings Equipped With Firewalls? Yes No Vented Stairwells Yes No
 Are Buildings Equipped with Parapet Walls (Firewalls extending through roof to stop fire spread)? Yes No
 - B. Is Building Sprinklered? Yes No If yes, What Percentage of Building is Sprinklered?
 Is so, describe areas that are sprinklered?
 Does the sprinkler system have a water flow alarm connected to a recognized central station facility or a fire or police department that is manned 24 hours a day? Yes No
 - C. What is the Fire Protection Class? _____
 - D. Square Footage: _____
5. Clientele: family-oriented destination resort business travelers casino bed & breakfast/hostel
6. Number Of Buildings: _____ Number Of Units: _____
7. Type Of Wiring: _____ If Aluminum, Updated? Yes No
 - A. If Aluminum, Are All Receptacles And Switches Fixed Using The CopAlum Crimp Method? Yes No

8. Each unit have a smoke alarm? Yes No
 Battery: Yes No
 Hardwired? Yes No
 Kitchen Area? Yes No
 Hallway Leading To Bedroom? Yes No
 Common Interior Hallways & Stairways? Yes No Other? _____
9. Swimming Pool(S)? Yes No If **YES**, How many pools? _____
 A. Pool(S) Fenced? Yes No
 B. Self Closing And Locking Gate? Yes No
 C. Pool Rules Posted? Yes No
 D. Diving Board(S) or Slide(s)? Yes No If yes, height of board(s)/ Slide(s) _____
 E. Lifesaving Equipment (I.E. Life Ring, Shepherds Hook) In Pool Area? Yes No
 F. Pool Depths Marked Yes No
 G. Lifeguards Attendants Camera surveillance
10. Does each floor have at least two properly marked exits? Yes No
 Are these exits directly to the outside? Yes No
 If not, explain. _____
 Are all interior stairwells completely enclosed with a noncombustible material? Yes No
 Is there outside access to each guest room? Yes No
11. Private Security? Yes No Employed? Yes No Subcontracted? Yes No
 If Subcontracted, Are Certificates Of Insurance Obtained And Are You Named As Additional Insured? Yes No
 A. Armed? Yes No
 B. Unarmed? Yes No
 C. Days Of Week? _____
 D. Hours On Duty: _____
 E. Annual Cost of Subcontracted Security Guard or Annual Payroll if Employed: _____
 F. Provide Details on Security Guard (Off duty police / on duty police): _____
 G. Surveillance cameras ? Yes No

ESTIMATED AND HISTORICAL SALES

	Hotel Receipts	Liquor Sales	Food Sales/Restaurant Receipts
Current	\$	\$	\$
Year	\$	\$	\$

Year	\$	\$	\$
	Hotel Receipts	Liquor Sales	Food Sales/Restaurant Receipts
Year	\$	\$	\$
Year	\$	\$	\$
Year	\$	\$	\$

Prior carrier and loss history (Past five years)

Period	Insurer	Premium	Ded/SIR	No. of Losses	Totals

A. Are you aware of any incidents not yet reserved that may result in claims against you? Yes No
 If Yes Explain _____

B. Has any insurance company or underwriter ever refused to issue or canceled your general liability insurance? Yes No
 If yes, explain. _____

GENERAL INFORMATION		
Explain all "no" responses in remarks, except as otherwise noted	YES	NO
1. DOES THE APPLICANT HOST BUSINESS MEETINGS, CONFERENCES OR TRADE SHOWS? IF YES, HOW OFTEN?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS THE PARKING LOT IN GOOD CONDITION AND WELL LIGHTED?	<input type="checkbox"/>	<input type="checkbox"/>
3. IS PARKING LOT MULTI-STORIED? SQUARE FOOTAGE ?	<input type="checkbox"/>	<input type="checkbox"/>
4. IS THE STRUCTURE IN COMPLIANCE WITH NFPA 13 AND NFPA 101?	<input type="checkbox"/>	<input type="checkbox"/>
5. ARE THERE SPECIAL SMOKE OR FIRE ALARM DEVICES IN ROOMS FOR HEARING IMPAIRED GUESTS?	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE FIRE SAFETY MEASURES POSTED IN ALL ROOMS?	<input type="checkbox"/>	<input type="checkbox"/>
7. IS THERE AN EMERGENCY EVACUATION PLAN IN PLACE?	<input type="checkbox"/>	<input type="checkbox"/>
8. ARE THERE SUFFICIENT AND WELL-ILLUMINATED FIRE EXITS?	<input type="checkbox"/>	<input type="checkbox"/>
9. DO THEY HAVE EMERGENCY LIGHTING?	<input type="checkbox"/>	<input type="checkbox"/>
10. ARE BACKGROUND CHECKS COMPLETED ON EMPLOYEES PRIOR TO HIRING? IF NOT, WHEN?	<input type="checkbox"/>	<input type="checkbox"/>
11. ARE EMPLOYEES TRAINED IN FIRST AID?	<input type="checkbox"/>	<input type="checkbox"/>

12. ARE THE ELEVATORS AND/OR ESCALATORS INSPECTED REGULARLY? IF YES, HOW OFTEN?	<input type="checkbox"/>	<input type="checkbox"/>
13. ARE LAUNDRY FACILITIES PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>
14. DOES THE INSURED ALLOW GUESTS TO STORE VALUABLES IN THE HOTEL SAFE?	<input type="checkbox"/>	<input type="checkbox"/>
15. ARE ALL ENTRANCES LOCKED OR MONITORED AT NIGHT?	<input type="checkbox"/>	<input type="checkbox"/>
16. ARE THERE ANY FACILITIES THAT WILL DRAW CROWDS TO THE UPPER FLOORS? IF YES, DESCRIBE.	<input type="checkbox"/>	<input type="checkbox"/>
17. DOES THE INSURED HAVE A POLICY OF PROVIDING ALTERNATE ACCOMMODATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
18. IS THERE VIDEO SURVEILLANCE?	<input type="checkbox"/>	<input type="checkbox"/>
19. ARE ANY ROOMS RENTED TO TRANSIENTS?	<input type="checkbox"/>	<input type="checkbox"/>
20. IS THERE RENTING OUT OF RECREATIONAL EQUIPMENT?	<input type="checkbox"/>	<input type="checkbox"/>
21. IS THERE A CHILDREN'S DAY CARE?	<input type="checkbox"/>	<input type="checkbox"/>
22. ARE THERE CONTRACTS IN PLACE FOR ALL SERVICE PROVIDERS? (ie, maintenance, security, snow removal)	<input type="checkbox"/>	<input type="checkbox"/>
23. ARE SERVICE PROVIDERS LICENSED AND HAVE LIABILITY INSURANCE WITH EQUAL LIMITS? (ie, tour operators, fitness center operators, personal services)	<input type="checkbox"/>	<input type="checkbox"/>
24. ANY HEALTH OR EXERCISE FACILITIES? WHO OPERATES ?	<input type="checkbox"/>	<input type="checkbox"/>
25. GOLFCOURSE ? WHO OPERATES ?	<input type="checkbox"/>	<input type="checkbox"/>
26. SKI LIFTS OR TOWS ? WHO OPERATES ?	<input type="checkbox"/>	<input type="checkbox"/>
27. IS THERE A RESTAURANT OR BAR ON THE PREMISES. IF SO, COMPLETE RESTAURANT/TAVERN SUPPLEMENT AND LIQUOR LIABILITY SUPPLEMENT	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Signature of Applicant

Date



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