

## APPLICANT INFORMATION

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

## PREMISES INFORMATION

LOC #	BLDG #	St, City, State, Zip	# Rooms	# Stories	Avg. % occupancy	Age	Const. Type	Sq. Ft.

## DESCRIPTION OF OPERATIONS BY PREMISE(S)

<p>Check :</p> <p style="text-align: center;"> <input type="checkbox"/> Hotel                  <input type="checkbox"/> Motel                  <input type="checkbox"/> Inn                  <input type="checkbox"/> Bed and Breakfast                  <input type="checkbox"/> Other: _____         </p>
---

### Explain all "YES" answers

1. Number of Years Experience:	_____
2. Average per night rate? Any rooms rented for period less than 24 hours? Any rooms rented by the week or the month?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, what is the percentage of receipts associated with long-term weekly/monthly rentals?	_____
Total Room Rental Receipts:	\$ _____
Total Restaurant Receipts (if any):	\$ _____
Restaurant Liquor Receipts (if any):	\$ _____
3. Are cooking facilities provided in guest rooms? If Yes, is there an operational automatic extinguishing system in place? Are extinguishing systems inspected on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, how often?	_____
4. Please note the year the following updates were completed, if applicable:  Roof _____ Plumbing _____ Heating _____ Wiring _____	

<b>Explain all "YES" answers</b>	
5. Wiring (check all that apply):  <input type="checkbox"/> Copper <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Aluminum  If aluminum: <input type="checkbox"/> Pigtailed <input type="checkbox"/> Copalum	
6. Any Balconies/Decks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are there any rooms that are in compliance with the American Disabilities Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are there smoke detectors? Battery? If battery, any procedures in place to ensure units are fully operational? Hardwired? Where located: Individual units? Common Areas? Is the building sprinklered?  If Yes, what percentage? _____	<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"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
9. Is a secondary means of egress provided if over two stories?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are there security guards on premises?  If Yes, # Private Guards _____ # Employee Guards _____ Are they armed?  Any firearms kept on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO  <input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are there peepholes in guest room doors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are floor plans showing evacuation instructions and nearby fire exits posted in every guest room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Premises lighting in parking areas, walkways & common areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Any Assault & Battery incidents in complex during the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Are there procedures in place to ensure adequate snow and ice removal, where applicable?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Any plans for major renovation of the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Any work subbed out? If so, are Certificates of Insurance required at minimum limits of \$300,000?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
18. Are signs posted on property to inform guests of construction & routine maintenance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Any daycare services provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Swimming pool on premises?  If Yes, Any of the following?:  <input type="checkbox"/> 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"/> YES <input type="checkbox"/> NO
21. Any Whirlpools or Hot Tubs?  If Yes: A scheduled maintenance plan in place? Is equipment equipped with temperature controls? Are rules and instructions posted? Does equipment meet State regulation?	<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
22. Any playground or children's recreational areas?  If Yes: describe type of equipment: _____  describe surface of playground: <input type="checkbox"/> blacktop <input type="checkbox"/> concrete <input type="checkbox"/> rubber mats <input type="checkbox"/> synthetic turf  Other: _____ Any equipment over 5 feet?	<input type="checkbox"/> YES <input type="checkbox"/> NO       <input type="checkbox"/> YES <input type="checkbox"/> NO



## Hotel/Motel Application

23. Any exercise facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, describe type of equipment _____	
Are rules and safety guidelines posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Any lake, pond, beach, or dock/pier exposure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Any Rental Equipment Available?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, describe _____	

<b>Explain all "YES" answers</b>	
26. Any recreational facilities provided <u>other than</u> Swimming pools, Hot Tubs, Whirlpools, or Exercise Facilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, describe _____	
27. Describe any other occupancies (i.e. restaurants, bars, nightclubs, gift shops, rental halls, beauty shops, etc...)	
28. Any spa services provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**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: \_\_\_\_\_ Date: \_\_\_\_\_

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