



Supplemental Application For Hotels and Motels

- 1. Name of Applicant
Street Address
City State Zip
Applicant's Web Site Address
2. Total number of guest rooms?
What is the average room rate?
Are there hourly rates?
Are there monthly rentals?
Does anyone other than the owner/manager live on site?
3. Annual gross sales? \$ Number of years in business?
4. Have there been any losses in the past five years?
Details of loss:
5. Are background checks performed on all employees?
6. How many stories is the building? Age of building?
Construction? Sprinklered?
Protection class?
7. Are there balconies in the individual guest rooms?
Railing height Space between bars
8. Are there smoke detectors in each individual guest room?
Are there sprinklers in each individual guest room?
9. Type of lock on the individual guest rooms:
Procedure for having rooms re-keyed:
10. Do individual guest rooms have peepholes?
11. Do individual guest rooms open to:
12. Do all bathtubs in individual guest rooms have non-slip surfaces?
Maximum hot water temperature
13. Are fire exits clearly marked?
14. Are all exits equipped with panic hardware?
15. Are all emergency exits free of obstacles?
16. Are all emergency exits unlocked at all times?
17. Is there emergency lighting in common areas?
18. Do all secondary access doors require a guest key?
19. Does the Insured have a security patrol?
20. Is this a contracted or employees of the Insured patrol service?
If contracted, are Certificates of Insurance obtained?

21. Are all parking facilities well lit? Yes No

22. Is there valet parking? Yes No

23. Is there a restaurant? Yes No

If yes, is it operated by Applicant or by an outside concessionaire?

24. Is there a bar/lounge? Yes No

Is there live entertainment? Yes No

25. If space is leased to others, indicate square footage: _____

Are COI's obtained from Lessor? Yes No (If Owner Operated, please complete A-67)

26. Is there a fitness center on the premises? Yes No

Is the equipment inspected and maintained on a frequent basis? Yes No

Door locked at all times, accessed by key? Yes No Available to guests only? Yes No

Rules posted? Yes No

Tanning booths? Yes No % of UVB Bulbs _____ % of UVA Bulbs _____

Is use supervised? Yes No

Coin or card operated? Yes No Who controls the timers? _____

Any other amenities? Yes No (For additional details, see Page 3.)

Details: _____

27. Is there a swimming pool on the premises? Yes No

How many? _____ Indoor Outdoor

If outdoor, fenced with a self-closing, self-latching gate? Yes No Gate height _____

Is a lifeguard on duty? Yes No

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No

Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No

Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No

Are dual or multiple drains at least three (3) feet apart? Yes No

28. Is there a hot tub on the premises? Yes No If yes, is there an automatic shutoff? Yes No

29. Are pools for guest use only? Yes No

30. Are depths clearly marked on top and sides of pool? Yes No

31. Are rules posted conspicuously? Yes No

32. Is lifesaving equipment present? Yes No

33. Are there diving boards? Yes No Height _____

34. Are there slides? Yes No Height _____

35. Is pool/hot tub water tested daily? Yes No

36. Are there any Events, Conventions, Weddings, etc.? Yes No (For additional details, see Page 3.)

Details: _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

