



HOTEL AND MOTEL SUPPLEMENTAL APPLICATION

NOTE: Please complete a separate application for each location

SECTION A: Applicant Information

1. Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
2. Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business Information

1. Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
1. Please check below the type of business (select all that apply):
☐ Full-Service Hotel ☐ Extended Stay ☐ Resort Hotel ☐ Bed and Breakfast
☐ Convention Hotel ☐ Boutique Hotel ☐ Motel ☐ Apartment Hotel
☐ Franchise ☐ Airbnb ☐ Hourly Stay ☐ Truck Stop
☐ Other (please specify): _____
2. Does the business operate as temporary housing, migrant housing, or a shelter? ☐ Yes ☐ No
3. How many years has business been under the Insured ownership? _____
4. Is management on site 24 hours of the day? ☐ Yes ☐ No
5. Does the Insured have any prior bankruptcies or liquidation? ☐ Yes ☐ No
If yes, please describe: _____
6. Are employees screened for the following (check all that apply):
☐ References
☐ Credit Check
☐ Criminal Check

SECTION C: Gross Sales

1. Complete the following table with gross sales for the past 12 months and next 12 months (write N/A if not applicable):

	Prior 12 Months	Next 12 Months (estimated)
Room Gross Sales		
Restaurant Gross Sales		
Liquor Gross Sales		
Convention/Hall Rental Gross Sales		
Other (specify):		
Total Gross Sales		

SECTION D: Premises Information

1. No. of Buildings: _____ Total Building sq. ft.: _____ Parking sq. ft.: _____
No. of Stories: _____ No. of Rooms: _____ No. of Elevators: _____
Occupancy Rate: _____ Average Room Rate: _____ Year Built: _____
ISO Construction Class: _____
2. Are there any current or planned renovation or construction projects? ☐ Yes ☐ No
If yes, please explain: _____

3. Have there been any building code violations? ☐ Yes ☐ No
If yes, please explain: _____
4. When were updates performed for the following:
- | | | | |
|--------------|-------|----------------------|-------|
| Electricity: | _____ | Partial or complete? | _____ |
| Plumbing: | _____ | Partial or complete? | _____ |
| Roofing: | _____ | Partial or complete? | _____ |
| HVAC: | _____ | Partial or complete? | _____ |
5. Are individual rooms accessed through exterior doors..... ☐ Yes ☐ No
6. Are buildings sprinklered? ☐ Yes ☐ No
If yes, what percentage of buildings is sprinklered? _____
7. Are there smoke detectors? ☐ Yes ☐ No
If yes, are they hard wired, or battery operated? _____
If battery operated, is there a routine maintenance program? ☐ Yes ☐ No
8. Are there fire alarms? ☐ Yes ☐ No
If yes, are they central station, local, or pull alarms? _____
9. Is there aluminum wiring on premises? ☐ Yes ☐ No
If yes, is the aluminum wiring repaired? ☐ Yes ☐ No
Please explain: _____
10. Are there clearly marked fire exits? ☐ Yes ☐ No
Are there secondary means of egress for each floor? ☐ Yes ☐ No
11. Are there carbon monoxide detectors in all areas? ☐ Yes ☐ No
12. Is there emergency lighting in common areas? ☐ Yes ☐ No
13. Is there a valet parking service? ☐ Yes ☐ No
If yes, is the valet parking provided by an independent service company? ☐ Yes ☐ No
If yes, is the valet service required to maintain indemnity insurance? ☐ Yes ☐ No
14. Do rooms include kitchenettes/kitchens/cooking appliances? ☐ Yes ☐ No
15. Do rooms have fireplaces? ☐ Yes ☐ No
If yes, is it gas or wood burning? _____
16. Are pets allowed on premises? ☐ Yes ☐ No
If yes, describe formal breed restrictions: _____

SECTION E: Swimming Pools, Hot Tubs, and Beach/Waterfront Information ☐ N/A

1. How many swimming pools are there? _____ Number of hot tubs: _____
2. Do hot tubs have an automatic shut off? ☐ Yes ☐ No
Do pools have self-latching doors or gates? ☐ Yes ☐ No
3. Are there any diving boards or pool slides? ☐ Yes ☐ No
If yes, please describe: _____
4. Are there lifeguards on duty? ☐ Yes ☐ No
If yes, how often? _____
If yes, are they subbed out or employees? ☐ Yes ☐ No
5. Are pool depths adequately marked? ☐ Yes ☐ No
6. Are pool chemicals properly stored? ☐ Yes ☐ No
7. Does pool comply with the requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? ☐ Yes ☐ No
8. Is there any lake or ocean front beach access? ☐ Yes ☐ No
If yes, are there lifeguards? ☐ Yes ☐ No
9. For all water, is there rescue equipment? ☐ Yes ☐ No
10. For all water, is there warning/rules signage? ☐ Yes ☐ No

SECTION F: Recreational Facilities Information ☐ N/A

1. Is there a playground? ☐ Yes ☐ No
 2. Are there any lakes, ponds, or boat slips? ☐ Yes ☐ No
 3. Are there any exercise facilities? ☐ Yes ☐ No
 4. Are there any daycare centers? ☐ Yes ☐ No
 5. Are there any tennis, basketball, or racquetball courts? ☐ Yes ☐ No
 6. Are there any saunas or spa services offered? ☐ Yes ☐ No
- If yes, please list all spa services: _____

SECTION G: Restaurant Information ☐ N/A

1. Is there a restaurant, lounge, bar, or tavern? ☐ Yes ☐ No
 2. Is there a banquet hall or are banquets operated on premises? ☐ Yes ☐ No
 3. Is there live entertainment? ☐ Yes ☐ No
 4. Is business operated by the Insured or third party? _____
 5. What are the hours of operation? _____
 6. Does the business have kitchen fire protection? ☐ Yes ☐ No
 7. U.L approved automatic extinguishing system under semiannual contract: _____
 8. Above system covering all cooking surfaces: _____
 9. System name: _____
- Is it a wet or dry system? ☐ Wet ☐ Dry
10. Does the business have automatic gas or electric shut offs for cooking? ☐ Yes ☐ No
 11. Are the hoods and filters cleaned weekly by staff? ☐ Yes ☐ No
 12. Is a BC extinguisher available in the kitchen? ☐ Yes ☐ No
 13. Are hoods and ducts over all cooking equipment? ☐ Yes ☐ No
 14. Is there a maintenance contract schedule for hoods and ducts? ☐ Yes ☐ No
- If yes, how often is the maintenance scheduled? _____

Liquor Information ☐ N/A

1. Are employees given liquor training? ☐ Yes ☐ No
- If yes, please explain the type and when trained: _____
2. Does the Insured have written policy on serving alcohol for employees and customers? ☐ Yes ☐ No
 3. Is management notified prior to shutting off patrons? ☐ Yes ☐ No
 4. Is documentation kept on each incident? ☐ Yes ☐ No
 5. Please state the number of bars on premises: _____
 6. Are underage patrons allowed in the bar area? ☐ Yes ☐ No
 7. Is there a happy hour? ☐ Yes ☐ No
- If yes, what time does happy hour begin and end? _____
8. Is a last call given? ☐ Yes ☐ No
- If yes, what time? _____
9. Does the Insured provide bottle service, or sell whole bottles of hard liquor? ☐ Yes ☐ No
 10. Have there been any liquor board violations? ☐ Yes ☐ No
- If yes, please list all violations: _____
- _____
- _____

SECTION H: Security and Human Trafficking Information

1. Are there dead bolt locks on doors to units? ☐ Yes ☐ No
2. Are there peep holes on doors to units? ☐ Yes ☐ No
3. Are there electronic key cards? ☐ Yes ☐ No
4. Are external doors other than the main entrance secured? ☐ Yes ☐ No
5. Are there any security guards? ☐ Yes ☐ No
If yes, are they armed? ☐ Yes ☐ No
Are security guards off duty police officers? ☐ Yes ☐ No
Are they employees or independent contractors? _____
6. In the last 12 months, have any emergency services been called (police, ambulance, fire department): ☐ Yes ☐ No
If yes, please explain: _____

7. Does the Insured have a written policy detailing training, detection, reporting, and documentation for human trafficking? ☐ Yes ☐ No
8. If no written human trafficking policy is in place, is one under development? ☐ Yes ☐ No
If yes, state the estimated date of implementation: _____
9. Does the human trafficking policy include sections on the following (select all that apply):
☐ Sex Trafficking ☐ Labor Trafficking ☐ Drug Trafficking
☐ Indicators and Warning Signs of Human Trafficking ☐ Reporting of Suspected Occurrence
☐ Internal procedures to identify and alter staff to a potential increase in trafficking due to a special event
10. Does the human trafficking training program include "department specific" indicators (select all that apply):
☐ Front Desk/Guest Services ☐ Spa, Fitness, Golf, Tennis, etc. ☐ N/A
☐ Housekeeping ☐ Security/Engineering
☐ Food and Beverage (bartenders, wait staff, etc.) ☐ N/A
11. Select below when human trafficking training is completed (select all that apply):
☐ Upon Hiring
☐ Annually

SECTION I: Owned, Hired, and Non-Owned Auto Information ☐ N/A

1. Are there any owned autos? ☐ Yes ☐ No
2. MVR's at hire: _____
3. MVR's annually: _____
4. Is there any personal or family use of owned vehicles? ☐ Yes ☐ No
5. Does the Insured verify that each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements? ☐ Yes ☐ No
6. Does the Insured prohibit business driving rights for any individual with prior incidence of license suspensions, revocations, or DUI convictions? ☐ Yes ☐ No
7. Has the Insured had any hired and non-owned auto losses in the past five years? ☐ Yes ☐ No
If yes, please attach a detailed list of losses
8. Does the Insured provide guest shuttle services? ☐ Yes ☐ No
If yes, please state radius: _____

SECTION J: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____