

Hotel/Motel Supplement

Name of applicant:

Address:

Structure: Individual Corporation Partnership Other

How long has applicant operated at this location: _____

Construction

- a. Type: _____
- b. Age of Building _____
- c. Number of Stories _____
- d. Is the building fully sprinklered? Yes No
- e. Does each room have a smoke detector? Yes No
- f. Are smoke detectors hard wired? Yes No
- g. Date of upgrading of electric _____
- h. Date of upgrading of plumbing _____
- i. Age of current roof _____

Security

- a. Are there security guards on site? Yes No
- b. Are guards armed? Yes No
- c. If yes, are security guards: employees or contract service
- d. If contract service, are certificates of insured received? Yes No
- e. Is applicant named as additional insured by contract service? Yes No
- f. Have there been any allegations of assault at these premises in the past five years? Yes No
- g. Have there been any allegations of rape at these premises in the past five years? Yes No
- h. Have there been any shootings or reports of shootings at these premises in the past five years? Yes No
- i. How many times during the past year has the applicant called police to these premises? _____

What is the average room rate? _____ in season _____ out of season

What is the occupancy rate? _____ in season _____ out of season

Is there a restaurant on the premises? Yes No

- a. If yes, is restaurant operated by the applicant or contract service
- b. If contract service, are certificates of insurance received? Yes No
- c. Is applicant named as additional insured by contract service? Yes No
- d. Annual Food Sales: _____
- e. Is liquor served in the restaurant? Yes No
- f. Annual Liquor Sales at restaurant: _____
- g. Does the restaurant have any type of entertainment? Yes No

- Is there a bar or lounge on the premises? Yes No
- a. If yes, is the bar or lounge operated by applicant or contract service
 - b. If contract service, are certificates of insurance received? Yes No
 - c. Is applicant named as additional insured by contract service? Yes No
 - d. Annual Liquor Sales: _____
 - e. Is there entertainment? Yes No
 - f. Is there a dance floor? Yes No
 - g. What are the hours of operation: _____

- Are there any swimming pools on the premises? Yes No
- a. If yes, how many? _____
 - b. Are lifeguards employed? Yes No
 - c. Is depth of water clearly marked? Yes No
 - d. Is there a sign posted with swimming pool rules? Yes No
 - e. Is the pool area fenced or secured in another way? Yes No
 - f. If fenced, is there a self-latching gate? Yes No
 - g. Describe life safety equipment on hand _____
 - h. Are there any diving boards? Yes No
 - i. Are there any slides? Yes No

- Are the premises located on or near any ocean, lake, or pond? Yes No
- Describe beach activities _____
- Does applicant rent or provide to others watercraft of any type? Yes No

During the past five years has any insurance company canceled, declined or refused to issue, or refused to renew similar coverage? Yes No

Has any lawsuit ever been filed, or any claim otherwise been made against the applicant or any partnership or joint venture of which the applicant has been a member or the applicant's predecessors in business, or against any person, company or entities on whose behalf the applicant has assumed liability? Yes No

If yes please provide complete details as an addendum.

Is the applicant aware of any incident, circumstances, incidents that be might expected to give rise to a claim or lawsuit, whether valid or not, which might involve the applicant? Yes No

If yes please provide complete details as an addendum.

Signature of applicant:
Printed Name and Title:

Date