

**GENERAL CASUALTY
HOTEL/MOTEL SUPPLEMENTAL APPLICATION**

Applicant Name: _____ Location Address: _____
 Mailing Address: _____

GENERAL INFORMATION

1. Year Built: _____ Construction: _____ # Stories: _____ # of Rooms: _____
2. Year Updated: Heating: _____ Roof: _____ Plumbing: _____ Wiring: _____ Parking areas: _____
3. Wiring? Copper Aluminum Pig-Tailed
4. Average Room Rate (\$) _____ Average occupancy rate (%) _____
5. Is this a Seasonal Occupancy? No Yes
6. Do the rooms open to : Outside Interior Hallway
7. Number of years in business _____
8. Who manages the hotel? Owner Operated Hired Management
9. Number of years management experience: _____
10. If hired management, is applicant named add'l insured w/hold harmless on the manager's policy? No Yes
11. Are any rooms rented for a period less than 24 hours? No Yes
12. Gross Annual Sales:
 Hotel Excl Food/Liquor: _____ Food: _____ Liquor: _____ Other: _____

FIRE/SAFETY INFORMATION

13. Sprinklered? No Yes
 % Sprinklered? _____
14. Smoke detectors in each unit? No Yes
 Hard-wire Battery?
 How often checked? _____
15. Emergency Lighting? No Yes
16. Central Station alarms? No Yes
17. Cooking facilities in rooms? No Yes
 If "Yes," describe: _____
18. Is there an elevator? No Yes
 # of elevators? _____
 If "Yes," is there an elevator maintenance agreement in effect naming applicant as additional insured with hold harmless? No Yes
19. Non-skid surfaces in tubs? No Yes

SECURITY

20. Is security provided? No Yes
 If "Yes," what type? Guards Cameras
21. If there are security guards present, please answer the following questions:
 Are the guards: Armed Unarmed
 Are the guards: Employees Independent Contractors Off duty police
22. If independent contractors:
 a. Certificates of Insurance obtained? No Yes
 b. Applicant named add'l insured with hold harmless on security's policy? No Yes
 c. Criminal checks done on employees? No Yes

23. Electronic locks with card keys on room doors? No Yes
 24. Are sliding doors equipped with additional locks? No Yes
 25. Do room doors have peepholes and deadbolts? No Yes
 26. Have there been any previous incidents of physical or sexual assault?
 If "Yes," please explain: _____ No Yes

MAINTENANCE

27. Is maintenance, landscaping, or snow removal performed by: Employees Subcontractors
 28. If an outside contractor Certificates of Insurance are obtained
 Applicant is named add'l insured w/hold harmless on sub's policy

SWIMMING POOL INFORMATION Check here if not applicable

29. # of pools _____
 30. Is there a diving board or slide? No Yes
 31. Is the pool area fenced from all units? No Yes
 32. Self-closing gates? No Yes
 33. Livesaving equipment in place? No Yes
 34. Rules posted? No Yes
 35. Lifeguards? No Yes
 If "Yes," are lifeguards: Employees Subcontractors
 If subs, are COI obtained? No Yes

OTHER RECREATIONAL FACILITIES

36. Any of the following? Please describe all yes answers in detail below.

Sauna/Spa	<input type="checkbox"/> No <input type="checkbox"/> Yes	Massage Therapist	<input type="checkbox"/> No <input type="checkbox"/> Yes	Bathing Beaches	<input type="checkbox"/> No <input type="checkbox"/> Yes
Playground	<input type="checkbox"/> No <input type="checkbox"/> Yes	Fitness Center	<input type="checkbox"/> No <input type="checkbox"/> Yes	Jogging Trails	<input type="checkbox"/> No <input type="checkbox"/> Yes
Jacuzzi's #	<input type="checkbox"/> No <input type="checkbox"/> Yes	Tanning Beds #	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes

37. If there are massage therapists, are they: Employees Independent contractors
 If a sub, is applicant named add'l insured w/hold harmless on masseuse's policy? No Yes
 38. If there is a spa is it: Managed by the applicant Run by a sub contractor-Sq footage: _____
 If leased, is applicant named add'l insured w/hold harmless on the spa's policy? No Yes
 39. Does applicant provide or rent bicycles, watercraft or other equip. for guests' use? No Yes

RESTAURANT/MERCANTILE FACILITIES

40. Any restaurant or bar? No Yes
 Owner Operated Leased to Others-Sq footage: _____
 41. Is there an ansul system? No Yes
 42. Is there a Service Agreement? No Yes
 43. If leased, is applicant named add'l insured w/hold harmless on tenant policy? No Yes
 44. If owned, attach a restaurant/bar supplemental application
 45. Any mercantile facilities? No Yes
 Owner Operated Leased to Others-Sq footage: _____
 If leased, is applicant named add'l insured w/hold harmless on tenant policy? No Yes
 46. Any other facilities that are leased to others? No Yes
 If "Yes," describe: _____
 47. Is applicant named add'l insured w/hold harmless on tenant policy? No Yes

OTHER SERVICES

48. Transportation provided to guests? No Yes
 49. Is Valet Parking provided? No Yes

By applicant By sub contractor

50. If subbed, is applicant named add'l insured w/hold harmless on sub's policy?

No Yes

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature _____

Date _____

Producer _____

Date _____