

# Hotel/Motel Supplemental Questionnaire

(Complete in Addition to Acord Application)

Answer all questions – If they do not apply, indicate not applicable (NA)

Applicant's Name:  Agent's Name:

Mailing Address:  Address:

Web Site Address:  Proposed Effective Date:

From:  To:

Applicant is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other

Property Locations: List Name, Address, City, County, State, Zip Code:

## 1. Operation:

☐ Hotel ☐ Motel ☐ Tourist Courts/Cabins ☐ Resort ☐ Dude Ranch ☐ Time Share

What year was building built

When were upgrades done

☐ Other (describe):

Number of rooms:  Average room charge:  Average occupancy rate:  %

Room rental by the: ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Other (describe):

Is building a retirement/elderly facility?

Any leased areas? ..... ☐ Yes ☐ No

Leased to whom?

Operation:  Area:  Sq. Ft.

Confirm 24 hour managers on premises at all times ☐ yes ☐ no

## 2. National affiliation? ..... ☐ Yes ☐ No

If yes, with whom?

## 3. Recommended by local Chamber of Commerce or American Automobile Association (AAA)? ☐ Yes ☐ No

## 4. Building Information / protection:

Number of stories:  Construction:

Year Built:  Updated:

☐ Central station fire alarm ☐ Local fire alarm ☐ Emergency lighting ☐ Guards ☐ Sprinklered

☐ Standpipes and hose ☐ Guest rooms have detectors and/or sprinklers ☐ Central station burglar alarm Is the operation seasonal? ☐ Yes ☐ No

If you have guards, are they armed? ..... ☐ Yes ☐ No

Is the operation seasonal? ☐ Yes ☐ No If Yes, what protections are in place?

## 5. Annual gross sales for insured's and their concessionaires' operations:

\$  Room rental

\$  Convenience store ..... Number of stores:

\$  Food from restaurant ..... Number of restaurants or lounges:

\$  Liquor from restaurant or lounge

\$  Conferences and conventions ..... Maximum occupancy for premises:

\$  Health or swim club ..... Number of members:

\$  Equipment rental (snowmobiles, boats, skis, etc.).. Type of equipment:

\$  Other (describe):   
\$  Total of above

**6. SWIMMING POOLS:**

Number of pools:  Spas:

Diving Boards: ☐ Yes ☐ No Slides: ☐ Yes ☐ No Underwater Lighting: ☐ Yes ☐ No

Steps into shallow end with handrails? ☐ Yes ☐ No

Is the pool (s) completely surrounded by building walls or fence? ☐ Yes ☐ No

If yes, height:

Are gates or doors opening into the pool(s) equipped with a self-closing and self-latching device?  
☐ Yes ☐ No

Are the depth markings clearly shown? ☐ Yes ☐ No

Are warning signs and rules posted and clearly visible? ☐ Yes ☐ No

Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside?  
☐ Yes ☐ No

Is the pool(s) maintained by Applicant or outside contractor? ☐ Yes ☐ No

Are lifeguards provided by Applicant or an outside pool management company?  
☐ Applicant ☐ Pool Management Company ☐ None

**7. INDEPENDENT CONTRACTORS:**

Confirm certificates of insurance with limits of 1m/2m ☐ yes ☐ no

Name the insured as additional insured and provide Hold Harmless agreement ☐ yes ☐ no

**8. OTHER EXPOSURES:**

Playgrounds: ☐ Yes ☐ No Babysitting service: ☐ Yes ☐ No

Describe any additional recreational facilities or other operations located on the premises:


**9. FIRE PROTECTION:**

Smoke detectors in each unit? ☐ Yes ☐ No

Sprinklered? ☐ Yes ☐ No All rooms or Common areas only?

Fire extinguishers in common areas? ☐ Yes ☐ No

Are you in compliance with the most recent NFPA life safety codes? ☐ Yes ☐ No

Is there a written evacuation plan? ☐ Yes ☐ No If yes, how often reviewed with staff?

Is a hotel manager present on site at all times? ☐ Yes ☐ No

**10. Security:**

Employees are required to wear ID badges at all times..... ☐ Yes ☐ No

Room doors have viewing devices (peep holes) ..... ☐ Yes ☐ No

Room doors have deadbolt locks and door chains ..... ☐ Yes ☐ No

Door keys are card keys for electronic locks ..... ☐ Yes ☐ No

Adjoining room doors have deadbolt locks ..... ☐ Yes ☐ No

Sliding glass doors have security bars or poles within door tracks ..... ☐ Yes ☐ No

Do you release guest names and room numbers to others? ..... ☐ Yes ☐ No

Do rooms contain security instructions for guests? ..... ☐ Yes ☐ No

Facility has CCTV for monitoring parking and entrances ..... ☐ Yes ☐ No

**11. Premises must comply with NFPA Life Safety codes and ADA regs, min of one ADA compliant guest rooms.** ☐ Yes ☐ No

**12. Restaurant and Coffee Shops:**

❖ Room Service ☐ Yes ☐ No

❖ Is there a metal hood and duct covering all cooking areas ☐ Yes ☐ No

❖ Hoods must have at least 18 inch clearance from combustible material ☐ Yes ☐ No

❖ Are filters cleaned daily or as needed ☐ Yes ☐ No

❖ Are Interior of hoods and ducts inspected weekly and cleaned as needed ☐ Yes ☐ No

❖ Is there an approved fire extinguisher system installed for both automatic and manual operation ☐ Yes ☐ No

❖ Is there fuel shut-off actuation of automatic fire protection system ☐ Yes ☐ No

❖ Are approved BC fire extinguishers provided in cooking area ☐ Yes ☐ No

❖ Do restaurant employees have regular training and supervision in food handling, storage, health and sanitary requirements ☐ Yes ☐ No

Banquet or catered events:

❖ Is seating capacity of banquets and conference rooms in compliance with fire safety regulations ☐ Yes ☐ No

This application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant:

Signature: \_\_\_\_\_  
Please print and sign application.

Date:

