

Hotels & Motels Supplemental Application

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years in business : _____ Years of experience in this industry: _____

Any prior bankruptcies or liquidations? Yes No Describe: _____

Who is responsible for day to day operations: _____ For how long: _____

Are employees screened: Yes No

References: Yes No Prior Jobs: Yes No

Credit check: Yes No Criminal check: Yes No

Clientele (percentages):

<u>Elderly</u>	<u>Spring Break Crowd</u>	<u>Resident Housing</u>

Room Registration (percentages):

<u>Monthly</u>	<u>Weekly</u>	<u>Daily</u>	<u>Hourly</u>

Premises Information:

Number of rooms: _____ Occupancy rate: _____

Average room rate: _____ Hour/Day/Week/Month: _____

Number of buildings at this location: _____ Minimum distance between buildings: _____

When were updates for:

- Electricity: _____ Partial or complete? _____
- Plumbing: _____ Partial or complete? _____
- Roofing: _____ Partial or complete? _____
- HVAC: _____ Partial or complete? _____

Are buildings sprinklered? Yes No Percentage: _____

Are there smoke detectors? Yes No Hard wired or battery operated? _____

Are there fire alarms? Yes No Central station, local or pull alarms? _____

Is there aluminum wiring on premises? Yes No Describe: _____

Is the aluminum wiring repaired? Yes No Describe: _____

Clearly marked fire exits? Yes No Secondary means of egress for each floor? Yes No

Emergency lighting in common areas? Yes No

Dead bolt locks on doors to units? Yes No Are the locks re-keyed after occupancy? Yes No

Are there elevators? Yes No Do you have an agreement with elevator company? Yes No

Is there a parking lot located on premises? Yes No

Is the parking lot owned, operated & maintained by applicant? Yes No

What is the size of the parking lot? _____

- Is there a valet parking service? Yes No
- Is the valet parking provided by an independent service company? Yes No
- Is the valet service required to maintain indemnity insurance? Yes No

Pools: Check here if no Pools

How many swimming pools? _____

- Are there any hot tubs? Yes No
- Do pools have self-latching doors or gates? Yes No
- Are there any diving boards or slides? Yes No
- Are there life guards on duty? Yes No
- Is there rescue equipment such as a ring buoy, shepherds hook or pole? Yes No
- Are pool depths adequately marked? Yes No
- Are pool chemicals properly stored? Yes No
- Is there an automatic shut-off? Yes No
- Describe: _____
- How often? _____

Recreational Facilities: Check here if no Recreational Facilities

- Is there a playground? Yes No
- Are there any lakes, ponds or boat slips? Yes No
- Are there any exercise facilities? Yes No
- Are there any daycare services? Yes No
- Are there any tennis, basketball or racquetball courts? Yes No
- Are there any saunas? Yes No
- Are there any recreational equipment rentals/checkouts? Yes No
- Is it fenced? Yes No
- Describe: _____
- Describe: _____
- Describe: _____
- Describe: _____
- Describe: _____
- Describe: _____

Restaurant/Cooking Exposure: Check here if no Cooking Exposure

- Any sub-contracted cooking facilities? Yes No
- Type of cooking - Deep Fat Fryers? Yes No
- Griddles? Yes No
- Does establishment serve any raw seafood? Yes No
- Are there any banquet facilities? Yes No
- Any off-premises catering? Yes No
- Is there an automatic suppression system over all cooking surfaces? Yes No
- Is there an independent cleaning contract for hoods & ducts? Yes No
- Have there been any Health Dept. violations? Yes No
- Is indemnity ins. required? Yes No
- Grill/BBQ Pit? Yes No
- Describe: _____
- Square footage: _____
- Maximum occupancy: _____
- Describe: _____
- Is there an automatic shut-off? Yes No
- How often is system cleaned? _____
- Describe: _____

Liquor Liability: Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended? Yes No Describe: _____

Have you ever had any prior liquor citations or law violations? Yes No Describe: _____

In the last 5 years, have you had any liquor or dram liability claims? Yes No Describe: _____

Do all servers receive formal Alcohol Awareness training? Yes No Describe: _____

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No Describe: _____

Do you have any package sales? Yes No Describe: _____

Do you have any drive-thru facilities? Yes No Describe: _____

Do you admit anyone under 21? Yes No Describe: _____

Age of clientele (percentages):

<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>
_____	_____	_____	_____

Are patrons allowed to bring in their own alcoholic beverages? Yes No

Are you open later than other establishments in the area? Yes No

Do you provide cab service or have a designated driver program? Yes No

Is there any off-premises liquor catering? Yes No

Bar/Lounge: Check here if no Bar/Lounge

Hours of operation:

<u>Mon. – Thu.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
_____	_____	_____	_____

Is there a dance floor? Yes No Sq. footage: _____

Are there any mechanical devices? Yes No Describe: _____

Are there any gambling devices or tables? Yes No Describe: _____

Are there any pool or billiards tables? Yes No Describe: _____

Are there any athletic events? Yes No Describe: _____

Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)? Yes No Describe: _____

Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)? Yes No Describe: _____

Other special or promotional activities? Yes No Describe: _____

Crime Incidents on Premises: Check here if none

Have the police, or any emergency service provider, been called to the premises in the past three (3) years? Yes No
 If yes, provide details on incident(s), include in attachment if necessary.

LIVE Entertainment: Check here if no LIVE Entertainment

Is there a DJ or karaoke? Yes No Describe: _____

Is there any topless or Go-Go dancing? Yes No Describe: _____

Are there any comedians or stand-up entertainers? Yes No Describe: _____

Any live performers: - Country? Yes No No. nights per week: _____

- Piano/Solo Acts? Yes No No. nights per week: _____

- Rock/Disco? Yes No No. nights per week: _____

- Other? Yes No No. nights per week: _____

Are there any national known performers? Yes No Describe: _____

Are there any promoters? Yes No Describe: _____

Any special effects: - Lighting/Sound? Yes No

- Smoke? Yes No

- Pyrotechnics? Yes No

Other live entertainment? Yes No Describe: _____

Security: Check here if no Security

Are there any employee bouncers? Yes No Are they armed? _____

Are there any security guards? Yes No Are they armed? _____

Are there any third-party bouncers or security guards? Yes No Are they armed? _____

Are there any off-duty uniformed policemen? Yes No Are they armed? _____

Are there any ID checkers? Yes No Describe: _____

Are there any weapons on premises? Yes No Describe: _____

Gross Receipts:

<u>Hotel Operations</u>		<u>Bar/Lounge</u>		<u>Restaurant</u>	
Sales/receipts	_____	Food	_____	Food	_____
Rentals	_____	Liquor	_____	Liquor	_____
Other	_____	Catering	_____	Catering	_____
Total	_____	Total	_____	Total	_____

Hired & Non-Owned Auto: Check here if not requested

Do you verify 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

Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions? Yes No

Do you provide off-site catering or delivery services? Yes No

Have you had any hired and non-owned auto losses in the past 5 years? Yes No Please attach detailed list of losses.

Do you provide guest shuttle services? Yes No

Number of employees _____

Representation & Warranty Statement:

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Origin Specialty is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Origin Specialty.

WARNING: 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant: _____ **Title:** _____ **Date:** _____