



# Hotel Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone Number:

## OPERATIONS

1. Which of the following best describes the applicant's hotel operation? (Check all that apply.)

- Full Service Hotel
- Limited-Service Hotel
- Extended-Stay Hotel
- Convention Hotel or Conference Centers
- Motel
- Bed and Breakfast Inn
- Other: \_\_\_\_\_

2. The following operations are ineligible. If any of the following operations exist, please discuss with your underwriter before proceeding: (Check all that apply.)

- (a) Hostels
- (b) Hotel Camps – Sporting and Recreational Camps
- (c) Casino Hotels
- (d) Resort Hotels including but not limited to: 
  - Hotels with golf courses
  - Hotels with boating, parasailing, scuba diving or any other water sports/activities
  - Hotels with water theme parks
  - Hotels with equestrian activities including dude ranches and riding trails
  - Ski Resorts
- (e) Time Shares
- (f) Hotels LRO
- (g) Rooming Houses
- (h) Pyrotechnics at hotels with restaurants or clubs used for live entertainment

Please explain any checked responses:                     

3. Does the applicant have a website?  Yes  No  Unknown  
Please provide URL:

Percentage of sales from the internet or e-commerce:

- None
- less than 10%
- 10-25%
- 26-49%
- 50-74%
- 75% or more
- Unknown

4. What is the occupancy rate for the past 12 months? \_\_\_\_\_%
5. Has the applicant been cited for violations of fire, health, or life safety codes?  Yes  No  Unknown

**PROPERTY**

6. Is there an automatic sprinkler system?  Yes  No  Unknown
- (a) What percent of the building is sprinklered?  
 90-100%  50-89%  Less than 50%  Unknown
- Please Describe:
- (b) Was sprinkler system designed for present occupancy?  Yes  No  Unknown
- (c) Are sprinkler alarms installed?  Yes  No  Unknown
- If yes, what type:  Water Flow  Valve Closure  Unknown
- (d) How often is the sprinkler system maintenance and inspection performed?  
 Monthly  Quarterly  Semi Annually  Annually  Unknown
- (e) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?  Yes  No

7. Indicate Fire Detection in place (check all that apply):
- Battery Operated Smoke Detectors in all units
    - If battery operated, is there a formal program to change batteries at least annually?  Yes  No  Unknown
  - Hard Wire Smoke Detectors/Hallways and Common Areas
  - Manual Pull Station  Local Alarm

8. Are there Fire Extinguisher(s) in each building?  Yes  No  Unknown
- (a) If Yes, are extinguishers inspected and serviced by a licensed service contractor?  Yes  No  Unknown

9. Do the buildings have:
- (a) Self closing doors?  Yes  No  
If yes, they are in the  Hallways and/or  Individual Units
  - (b) Fireplaces?  Yes  No  
If yes, are they  Wood or  Gas
  - (c) Aluminum wiring?  Yes  No
  - (d) Wood shake shingles on the roofs?  Yes  No
  - (e) Enclosed two hour fire rated stairwells?  Yes  No

**Cooking Exposures**

10. Is surface cooking equipment (including deep fat fryers) protected by a UL listed automatic fire suppression system?  Yes  No  Unknown
- (a) Is there a service/maintenance agreement in place for the protective systems?  Yes  No  Unknown
- (b) Is the fire suppression system professionally inspected and serviced at least every six months?  Yes  No  Unknown
- (c) Date last serviced:

(d) Does the system automatically shut off all sources of fuel and heat to equipment protected by the suppression system (including electrically heated deep fat fryers)?  Yes  No  Unknown

(e) Does the system have a manual pull fuel shut-off valve readily accessible?  Yes  No  Unknown

11. Are electrical wiring, lights and outlets protected from grease laden vapors?  Yes  No  Unknown

12. Is there a deep fat fryer?  Yes  No  Unknown

(a) What types of cooking oils are used?  Animal  Vegetable  Unknown

(b) Is there an 18" of clear space or a separator between fryers and open flame?  Yes  No  Unknown

13. How often are exhaust systems, hoods and ducts cleaned?  
 Quarterly  Semi-annually  Annually  Unknown

(a) How often are filters cleaned:  
 Weekly  Bi-Weekly  Monthly  Unknown

**Other Property**

14. Are there any flammables, aerosols, propane or other chemicals stored on the premises?  Yes  No  Unknown

Please describe:

15. What areas of each building are inspected, how often, and what is the year of last improvement or upgrade:

	Frequency of Inspection	Year of Improvement/Update
<input type="checkbox"/> Roof		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> HVAC		
<input type="checkbox"/> Common Areas*		
<input type="checkbox"/> Emergency Lighting		
<input type="checkbox"/> Balconies/Decks/Patios		

\*common areas include walkways, parking, sidewalks.

16. Please supply a plot map.

**LIABILITY**

17. If there is a restaurant or bar where alcoholic beverages are served that is operated by the applicant or leased to another entity?  Yes  No  Unknown  
If yes, check all of the following drink specials or events that may apply:
- Happy Hour (manager's reception, two for one, ladies night, or similar promotions where drinks are offered at a discount)
  - Dancing
  - BYOB (Restaurants that allow patrons to bring their own bottle/liquor/alcoholic beverages)
  - Live Entertainment
18. If Liquor Legal Liability is requested, has the Liquor Liability application CX-1238 been completed?  Yes  No  No Request
19. Risk Transfer: Does the applicant hire independent contractors or vendors to either:  
a) Perform maintenance, repair, or other construction work to the applicant's premises, or  
b) Provide guest services? (If yes, please answer questions (a) through (d).)?  Yes  No  Unknown
- (a) There is a standard written and signed contract between the applicant and the contractor.  Yes  No
  - (b) The contract requires the contractor to name the applicant as an additional insured for both operations and completed operations.  Yes  No
  - (c) The contractor must agree to indemnify and hold harmless the applicant?  Yes  No
  - (d) The contractor provides a certificate with proof that the contractor has statutory Workers Compensation; with minimum Employers Liability limits of \$500,000/\$500,000/\$500,000 and General Liability insurance with limits at \$1 million/\$2 million minimum?  Yes  No
20. Is there an emergency evacuation plan?  Yes  No
- (a) Are there at least 2 emergency exits from each floor of the building(s)?  Yes  No
  - (b) Are stairwells enclosed?  Yes  No
  - (c) Is there emergency lighting in the building(s)?  Yes  No
  - (d) Are there emergency evacuation alarms?  Yes  No
  - (e) Are evacuation plans posted throughout the building and premises?  Yes  No
21. If the area is subject to snow and ice accumulation, is the applicant responsible for snow and ice removal?  Yes  No  Not applicable
22. Is there a playground on premises?  Yes  No  
If yes,  
(a) Are they located over soft surfaces (rubber, grass, mulch, sand), with no concrete surfaces?  Yes  No  
(b) Please describe:

23. Is there any exercise equipment?  Yes  No  Unknown

If yes,

(a) Check any that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Free Weight(s)     | <input type="checkbox"/> Elliptical Trainer(s)        |
| <input type="checkbox"/> Weight Machine(s)  | <input type="checkbox"/> Stair Climbing Machine(s)    |
| <input type="checkbox"/> Treadmill(s)       | <input type="checkbox"/> Unknown                      |
| <input type="checkbox"/> Stationary Bike(s) | <input type="checkbox"/> Other:      Please Describe: |

(b) Is the exercise equipment also open to non-hotel guests?  Yes  No  Unknown

24. Is there a swimming pool or other bodies of water?

Yes, pool       Yes, body of water       No       Unknown

If Yes to either of the above, please check all of the following that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Lifeguard on premises | <input type="checkbox"/> Fully fenced with self-locking gate |
| <input type="checkbox"/> Jacuzzi               | <input type="checkbox"/> Sauna                               |
| <input type="checkbox"/> Depth markers         | <input type="checkbox"/> Rules Posted                        |
| <input type="checkbox"/> Lake or pond          |  |
| <input type="checkbox"/> Diving board or slide |  |

Please Describe:

25. Are there any other athletic facilities (like golf, tennis, racquetball, basketball courts, or water sports, etc.)?  Yes  No

26. Does the applicant provide any of the following services for guests?

- |  |   |
|--|---|
| (a) Spa facilities   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| (b) Babysitting or Day Care  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| (c) Live Entertainment   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| (d) Dancing  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| (e) Other services not mentioned elsewhere in this application.<br>Describe: _____ |   |

27. Are balconies present?  Yes  No  
If yes, are walls or railings with vertical slats in place on all balconies?  Yes  No

**SECURITY**

28. How is the premises secured (Please check all that apply)?

- Lighting
- Other Perimeter Protection
- Key Control (Master Keys)
- Closed circuit TV surveillance system
- Other: \_\_\_\_\_
- Tenant access automated and combined with other security systems
- Security systems monitored by central station
- Security systems attached to local alarm
- Locked Main Entrance
- Peephole
- Posted Warning Signs
- Full Perimeter Intrusion alarm (constantly monitored)
- Motion Detectors

29. Do rooms open directly to the outside?  Yes  No

If yes, is there a secondary means of securing windows and doors?  Yes  No

30. Does the hotel use an electronic access system using cards rather than keys?  Yes  No

If yes, please describe?

31. Are background checks performed on all employees as part of the hiring process?  Yes  No

32. Are all doors except the main entrance locked to outsiders at a certain time?  Yes  No

33. Is there security staff on the premises?  Yes  No

If yes, are they?  Armed  Unarmed

34. Is there a parking garage?  Yes  No

(a) If yes, how is it controlled?  Guard  Card Key  No Controlled Access

**COURTESY SHUTTLE/LIMOUSINE SERVICE**

35. Does the applicant provide a shuttle/limousine service for their customers?  Yes  No

If yes,

(a) Is a 15 passenger van used to transport guests?  Yes  No

- (b) Is there a dedicated vehicle that provides the transportation service?  Yes  No
- Do driver hiring practices including MVR's checks and reference checks?  Yes  No
- Is there proper training and supervision of drivers?  Yes  No
- Do only assigned/specific individual(s) act as drivers?  Yes  No

(c) What is the radius of operation? \_\_\_\_\_

36. Additional Considerations:

# FRAUD STATEMENT

**Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA FOR AUTO:** IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MASSACHUSETTS FOR AUTO: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FOR AUTO:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM,

KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, 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 VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION. **FOR OTHER LINES OF BUSINESS:** 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.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** 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 SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

**TENNESSEE FOR WORKERS COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. **FOR OTHER LINES OF BUSINESS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**UTAH FOR WORKERS COMPENSATION:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

_____	_____
SIGNATURE OF APPLICANT	DATE