Motel Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

1. **Operation:** ☐ Hotel ☐ Motel ☐ Tourist Courts/Cabins ☐ Resort ☐ Dude Ranch
   ☐ Other (describe): _____

2. **Number of rooms:** _____ Average room charge: _____ Average occupancy rate: _____%
   Room rental by the: ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Other (describe): _____

3. **Any area leased/rented to others?** ..... ☐ Yes ☐ No
   If yes, to whom? _____
   Describe how leased area is used and square footage: _____ Area: _____ Sq. Ft.

4. **National affiliation?** ..... ☐ Yes ☐ No
   If yes, with whom? _____

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

6. **Building information/protection:**
   Number of stories: _____ Construction: _____
   ☐ Central station fire alarm ☐ Local fire alarm ☐ Emergency lighting ☐ Sprinklered
   ☐ Standpipes and hose ☐ Guest rooms have operating smoke detectors

7. **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 sales from above

8. Number of:

Baseball parks		Racquetball courts		Spa/hot tubs	
Basketball courts		Saunas		Tennis courts	
Boat docks/slips		Shuffleboard courts		Volleyball courts	
Playgrounds		Ski lifts/tows		Other:	

9. Other operations/exposures:

a. Boats? ..... ☐ Yes ☐ No

If yes: Number of boats: _____

Type (sail, power, canoe, etc.): _____

b. Clubhouses including any exercise room? ..... ☐ Yes ☐ No

If yes: Square footage: _____

c. Fuel sales? ..... ☐ Yes ☐ No

If yes: Gallons sold per year: _____

d. Golf Course? ..... ☐ Yes ☐ No

If yes: Gross sales: _____

e. Lakes? ..... ☐ Yes ☐ No

If yes: Number of acres: _____

f. Park? ..... ☐ Yes ☐ No

If yes: Number of acres: _____

g. Recreational equipment rental other than canoes and rowboats? ..... ☐ Yes ☐ No

If yes: Describe: _____

h. Saddle animals? ..... ☐ Yes ☐ No

If yes: Number of animals: _____

Describe type of animal: _____

i. Shooting ranges? ..... ☐ Yes ☐ No

If yes: Number of ranges: _____

Type (archery/skeet/trap/etc.): _____

j. Swimming? ..... ☐ Yes ☐ No

Indoor pools? ..... ☐ Yes ☐ No

If yes: Number of indoor pools: _____

Outdoor pools? ..... ☐ Yes ☐ No

If yes: ☐ In-ground ☐ Above-ground

Number of outdoor pools: _____

Bathing beaches? ..... ☐ Yes ☐ No

If yes: ☐ Ocean beach ☐ Lake/river beach

Number of beaches: _____

Number of diving boards/slides/rafts/platforms: _____

Board/platform height: _____

Slide height: _____

Swimming rules posted? ..... ☐ Yes ☐ No

Depth of pool markings clearly visible? ..... ☐ Yes ☐ No

Is outdoor pool fenced with a self-latching gate or surrounded by the building with no direct access to roadways or parking areas? ..... ☐ Yes ☐ No

Life-safety equipment available at pool side? ☐ Yes ☐ No

Certified lifeguard available when swimming is allowed? ☐ Yes ☐ No

Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

k. Trails? ☐ Yes ☐ No

If yes: Number of bike trail miles: _____

Number of horse trail miles: _____

Other (describe): _____

10. Describe any additional recreational facilities or operations conducted by you or others on the premises:

_____

_____

11. Security:

a. Are employees required to wear ID badges at all times? ☐ Yes ☐ No

b. Do room doors have viewing devices (peep holes)? ☐ Yes ☐ No

c. Do room doors have deadbolt locks and door chains? ☐ Yes ☐ No

d. Are door keys or card keys for electronic locks? ☐ Yes ☐ No

e. Do adjoining room doors have deadbolt locks? ☐ Yes ☐ No

f. Do sliding glass doors have security bars or poles within door tracks? ☐ Yes ☐ No

g. Are guest names and room numbers released to others? ☐ Yes ☐ No

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

i. Does facility have CCTV for monitoring parking and entrances? ☐ Yes ☐ No

j. Are there security guards? ☐ Yes ☐ No

If yes: Number armed: _____ Number unarmed: _____

Number employed: _____

Number of independent contractors: _____

12. Innkeepers Liability limit:

☐ $1,000 Per Occurrence/$10,000 Aggregate ☐ $2,500 Per Occurrence/$25,000 Aggregate ☐ None

13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☐ No

If yes, describe: _____

14. Does applicant have any other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

_____

This application does not bind the applicant nor 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.

FRAUD 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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for

the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____