



Supplemental Application For Hotels and Motels

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1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
 2. Total number of guest rooms? _____
What is the average room rate? _____
Are there hourly rates? Yes No
Are there monthly rentals? Yes No
Does anyone other than the owner/manager live on site? Yes No
 3. Annual gross sales? \$ _____ Number of years in business? _____
 4. Have there been any losses in the past five years? Yes No
Details of loss: _____

 5. Are background checks performed on all employees? Yes No
 6. How many stories is the building? _____ Age of building? _____
Construction? _____ Sprinklered? Yes No
Protection class? _____
 7. Are there balconies in the individual guest rooms? Yes No
Railing height _____ Space between bars _____
 8. Are there smoke detectors in each individual guest room? Yes No If yes, Hardwired or Battery.
Are there sprinklers in each individual guest room? Yes No
 9. Type of lock on the individual guest rooms: Electronic Key
Procedure for having rooms re-keyed: _____

 10. Do individual guest rooms have peepholes? Yes No
 11. Do individual guest rooms open to: Interior hallway Exterior
 12. Do all bathtubs in individual guest rooms have non-slip surfaces? Yes No
Maximum hot water temperature _____
 13. Are fire exits clearly marked? Yes No
 14. Are all exits equipped with panic hardware? Yes No
 15. Are all emergency exits free of obstacles? Yes No
 16. Are all emergency exits unlocked at all times? Yes No
 17. Is there emergency lighting in common areas? Yes No
 18. Do all secondary access doors require a guest key? Yes No
 19. Does the Insured have a security patrol? Yes No
 20. Is this a contracted or employees of the Insured patrol service? Armed or Unarmed
If contracted, are Certificates of Insurance obtained? Yes No

21. Are all parking facilities well lit? Yes No

22. Is there valet parking? Yes No

23. Is there a restaurant? Yes No

If yes, is it operated by Applicant or by an outside concessionaire?

24. Is there a bar/lounge? Yes No

Is there live entertainment? Yes No

25. If space is leased to others, indicate square footage: _____

Are COI's obtained from Lessor? Yes No (If Owner Operated, please complete A-67)

26. Is there a fitness center on the premises? Yes No

Is the equipment inspected and maintained on a frequent basis? Yes No

Door locked at all times, accessed by key? Yes No Available to guests only? Yes No

Rules posted? Yes No

Tanning booths? Yes No % of UVB Bulbs _____ % of UVA Bulbs _____

Is use supervised? Yes No

Coin or card operated? Yes No Who controls the timers? _____

Any other amenities? Yes No (For additional details, see Page 3.)

Details: _____

27. Is there a swimming pool on the premises? Yes No

How many? _____ Indoor Outdoor

If outdoor, fenced with a self-closing, self-latching gate? Yes No Gate height _____

Is a lifeguard on duty? Yes No

Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No

Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No

Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No

Are dual or multiple drains at least three (3) feet apart? Yes No

28. Is there a hot tub on the premises? Yes No If yes, is there an automatic shutoff? Yes No

29. Are pools for guest use only? Yes No

30. Are depths clearly marked on top and sides of pool? Yes No

31. Are rules posted conspicuously? Yes No

32. Is lifesaving equipment present? Yes No

33. Are there diving boards? Yes No Height _____

34. Are there slides? Yes No Height _____

35. Is pool/hot tub water tested daily? Yes No

36. Are there any Events, Conventions, Weddings, etc.? Yes No (For additional details, see Page 3.)

Details: _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

