



**MOTEL PROGRAM SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

Applicant's Name: _____ _____ Location Address: _____ _____	Agency Name: _____ Agent: _____ Phone No.: _____
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**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**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. Does applicant have a 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. Number of:**

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

**8. Annual gross sales for applicants' 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**

**9. Other operations/exposures:**

- a. Boats?** .....  Yes  No  
If yes: Number of boats: \_\_\_\_\_  
Type (sail, power, canoe, etc.): \_\_\_\_\_
- b. Clubhouses including 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
  - (1) Are there indoor pools?** .....  Yes  No  
If yes: Number of indoor pools: \_\_\_\_\_
  - (2) Are there outdoor pools?** .....  Yes  No  
If yes:  In-ground  Above-ground Number of outdoor pools: \_\_\_\_\_
  - (3) Are there wading pools?**.....  Yes  No  
If yes: Number of wading pools: \_\_\_\_\_
  - (4) Are there bathing beaches?** .....  Yes  No  
If yes:  Ocean beach  Lake/river beach Number of beaches: \_\_\_\_\_
  - (5) Are there diving boards/slides/rafts/platforms?** .....  Yes  No  
If yes: Number of diving boards/slides/rafts/platforms: \_\_\_\_\_  
Board/platform height: \_\_\_\_\_ Slide height: \_\_\_\_\_

- (6) Are swimming rules posted? .....  Yes  No
- (7) Are depths of pool markings clearly visible? .....  Yes  No
- (8) Are outdoor pools fenced with a self-latching gate or enclosed by the building structure with no direct access to roadways or parking areas? .....  Yes  No
- (9) Is life-safety equipment available at pool side? .....  Yes  No
- (10) Is a certified lifeguard available when swimming is allowed? .....  Yes  No
- (11) 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 on the premises:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Innkeepers Liability limit:**  
 \$1,000 Per Occurrence/\$10,000 Aggregate     \$2,500 Per Occurrence/\$25,000 Aggregate     None

- 12. 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 of employed security guards: Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_  
 Number of contracted security guards: Armed: \_\_\_\_\_ Unarmed: \_\_\_\_\_

**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 to Oregon.)**

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

**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 of 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, 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.

**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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** 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.

**NEW YORK OTHER THAN AUTOMOBILE 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure a routine inquiry may be made to obtain applicable information concerning character general reputation personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report if one is made will be provided.



## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
<b>Premises No.</b>	<b>Exposure</b>	<b>Amount Requested</b>	<b>Coins. %</b>	<b>ACV/Repl. Cost</b>	<b>Cause of Loss</b>	<b>Deductible</b>	<b>Special Conditions</b>
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
<b>Bldg. No.</b>	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
<b>Deductible</b>	\$	

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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.

**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.

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APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

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