



AGENCY CUSTOMER ID: _____

LOC #: _____

HOTEL/MOTEL SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY		APPLICANT/FIRST NAMED INSURED			
POLICY NUMBER		CARRIER		NAIC CODE	
LOCATION OF PROPERTY(COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION)		TYPE OF BUSINESS		<input type="checkbox"/> HOTEL	<input type="checkbox"/> MOTEL
		<input type="checkbox"/> FULL SERVICE	<input type="checkbox"/> RESORT		
		<input type="checkbox"/> LIMITED SERVICE	<input type="checkbox"/> CONVENTION/CONFERENCE CENTER		
NO. OF GUEST ROOMS:		AVERAGE OCCUPANCY RATE:	%	<input type="checkbox"/> SUITE HOTEL	

GENERAL INFORMATION

EXPLAIN ALL "NO" RESPONSES, EXCEPT AS OTHERWISE NOTED

	Y/N
1. DOES THE APPLICANT HOST BUSINESS MEETINGS, CONFERENCES OR TRADE SHOWS? IF YES, HOW OFTEN?	<input type="checkbox"/>
2. IS THE PARKING LOT IN GOOD CONDITION AND WELL LIGHTED?	<input type="checkbox"/>
3. DOES THE RESTAURANT OFFER TABLESIDE COOKING? IF YES, DESCRIBE. NUMBER OF TABLES: _____	<input type="checkbox"/>
4. DOES THE RESTAURANT CONTRACT WITH A PEST CONTROL SERVICE?	<input type="checkbox"/>
5. ARE PREPARATION AND SANITATION PROCEDURES FOLLOWED TO PREVENT FOOD BORNE ILLNESS?	<input type="checkbox"/>
6. ARE THE INSURED'S HEATING, REFRIGERATION AND AIR CONDITIONING SYSTEMS REGULARLY CHECKED? IF YES, HOW OFTEN?	<input type="checkbox"/>
7. IS THE STRUCTURE IN COMPLIANCE WITH NFPA 13 AND NFPA 101?	<input type="checkbox"/>
8. ARE ALL ROOMS EQUIPPED WITH SMOKE DETECTORS AND SPRINKLERS?	<input type="checkbox"/>
9. ARE THERE SPECIAL SMOKE OR FIRE ALARM DEVICES IN ROOMS FOR HEARING IMPAIRED GUESTS?	<input type="checkbox"/>
10. ARE FIRE SAFETY MESSAGES POSTED IN ALL ROOMS?	<input type="checkbox"/>
11. IS THERE AN EMERGENCY EVACUATION PLAN IN PLACE?	<input type="checkbox"/>
12. ARE THERE SUFFICIENT AND WELL-ILLUMINATED FIRE EXITS?	<input type="checkbox"/>
13. DO THEY HAVE EMERGENCY LIGHTING?	<input type="checkbox"/>
14. DO INDIVIDUAL GUEST ROOMS HAVE BALCONIES? IF YES, DESCRIBE.	<input type="checkbox"/>
15. ARE BALCONY PLATFORMS AND RAILINGS REGULARLY INSPECTED FOR STRUCTURAL INTEGRITY AND STRENGTH? IF YES, HOW OFTEN?	<input type="checkbox"/>

AGENCY CUSTOMER ID: _____

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GENERAL INFORMATION (continued)

EXPLAIN ALL "NO" RESPONSES, EXCEPT AS OTHERWISE NOTED	Y/N
16. DO SECURITY PERSONNEL CARRY GUNS? IF YES, DESCRIBE TRAINING PROCEDURES.	<input type="checkbox"/>
17. ARE EMPLOYEES TRAINED IN FIRST AID?	<input type="checkbox"/>
18. ARE THE ELEVATORS AND/OR ESCALATORS INSPECTED REGULARLY? IF YES, HOW OFTEN?	<input type="checkbox"/>
19. ARE LAUNDRY FACILITIES PROVIDED? IF YES, DESCRIBE.	<input type="checkbox"/>
20. DOES THE INSURED ALLOW GUESTS TO STORE VALUABLES IN THE HOTEL SAFE?	<input type="checkbox"/>
21. ARE ALL ENTRANCES LOCKED OR MONITORED AT NIGHT?	<input type="checkbox"/>
22. ARE THERE ANY FACILITIES THAT WILL DRAW CROWDS TO THE UPPER FLOORS? IF YES, DESCRIBE.	<input type="checkbox"/>
23. DOES THE INSURED HAVE A POLICY OF PROVIDING ALTERNATE ACCOMMODATIONS? IF YES, DESCRIBE.	<input type="checkbox"/>

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.