

**HOTEL / MOTEL / BED & BREAKFAST
SUPPLEMENT**
(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP	Code
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BUSINESS INFORMATION

1. Describe your operations (i.e. hotel, motel, bed & breakfast, etc.):

2. Describe any seasonal risks:

3. Average occupancy rate:

4. Does the risk have any restrictions imposed on the length of stay, including any risk that requires a guest/tenant to check out and reregister every 28-30 days? Yes No
If yes, describe:

5. Are animals allowed on the premises? Yes No
6. Do any rooms have a kitchenette, wood burning stove, or fireplace? Yes No
If yes, are fire extinguishers in place? Yes No

7. Percent of the building/rooms that are sprinklered:

8. Are employees on premises 24 hours? Yes No

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you utilize a standardized contract with all of your contractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you require contractors to: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Keep records? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Total cost of work contracted: \$ | | |

REVENUE INFORMATION

	Most Recent Yr.	1 st Year Prior	2 nd Year Prior	3 rd Year Prior
Total Revenue				
Food Sales Revenue				
Liquor Sales Revenue				
Average Room Rate				

RECREATIONAL EXPOSURES - Advise number, miles, acres or square feet, as indicated:

Baseball Field		Dance Floor		Saddle Animals	
Basketball Court		Exercise Facilities		Sauna/Hot Tubs	
Babysitter/Daycare		Hot Tub		Ski Lodge	
Beaches		Lake/Pond (acres)		Swimming Pool	
Biking/Jogging Trail (miles)		Park (acres)		Tanning Beds	
Boat Dock/Slip		Parking Garage		Tennis Court	
Clubhouse/Party room (Sq. ft.)		Playground		Water/Theme Park	
Other (describe):					

SWIMMING POOLS N/A

1. Number of pools: _____
 2. Is pool indoor or outdoor? _____
 3. Hours of operation: _____
- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Is there a self-closing gate/door? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a lifeguard? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a diving board over 3 meters? (Exclusion required) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the pool fenced from all units? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the fence at least 4' in height? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the pool have depth markers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is fence locked when pool is closed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the pool/spa in compliance with Virginia Graeme Baker Pool and Spa Safety Act? | <input type="checkbox"/> | <input type="checkbox"/> |

COOKING EXPOSURE N/A

1. Type of exposure: Restaurant Bar Tavern Other: _____
- | | Yes | No |
|--|--------------------------|--------------------------|
| 2. Does food preparation involve cooking? If yes, complete the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are preparation and sanitation procedures followed to prevent food borne illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Indicate if the following are present and how often they are inspected and cleaned: | | |
| (1) Filters, hoods, and ducts for all cooking areas: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) UL-approved fire extinguishing system: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Fuel shut-off actuation of automatic fire protection system: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is there tableside cooking or open pit barbeques? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you provide any off-premises catering? | <input type="checkbox"/> | <input type="checkbox"/> |

LIQUOR EXPOSURE N/A

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do your operations include the sale of liquor? If yes, complete the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Do you have a liquor license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you dispense or provide alcoholic beverages for off-premises events? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had your liquor license revoked/suspended or received a citation/violation notice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all alcohol-serving employees certified in a Formal Alcohol Training Course ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____ | | |
| 5. Are employees allowed to consume alcohol during their hours of employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there written and enforced policies for intoxicated customers and minors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you host an open bar that provides alcohol at no charge (e.g. Manager Happy Hour)? | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, risk is ineligible for Liquor Liability coverage.</i> | | |
| 8. Do you have any package sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you sponsor any drink specials (i.e. 2-for-1, ladies' night, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe: _____ | | |

SECURITY/BOUNCERS N/A

1. Is security provided? Yes, Armed Yes, Non-armed No
Security Offered: Bouncers Patrol Gated/Property Access Burglary Alarm Systems
 Security Cameras Other: _____
2. Are background/reference checks required for all employees? Yes No
3. Does the applicant desire Assault or Battery coverage? Yes No
If yes, has there been or are there currently any allegations, incidents, losses or claims for assault or battery?
 Yes No If yes, provide details: _____

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
