



Hospitality Supplemental

General Information:

Applicant (Legal Entity Name) _____ EIN _____

DBA: _____

Location Address: _____

Mailing Address: _____

Inspection Contact: _____ Phone: _____ Title _____

Years owned by applicant: _____ Total years hotel ownership experience: _____

Has the applicant ever filed bankruptcy? _____

Franchise operation? _____ Franchise affiliation: _____

Property type: Hotel Motel Bed &Breakfast

Extended Stay Rental Offered (2 weeks or more)? _____ If yes – Maximum period offered? _____

Hourly Rentals? Y N

Is Hotel seasonal? Y N If yes, number of months open per year? _____

Total rooms: _____ Average room rate per night \$ _____ Average occupancy rate _____%

Total Annual Sales: _____

Sprinkler system: Y N Percent of total area protected by sprinkler system _____%?

Fire extinguishers Y N # of extinguishers: _____ Are Tags Current? _____

Smoke Detection system covering all hallways and common areas Y N

Type of Smoke Alarms: Hardwired Battery.

How often are they inspected? _____



Building info:

Year Built _____ Stories: _____ Construction: _____ # of Buildings: _____

Total Square Footage: _____

Any additions/renovations made to original property: _____ If yes, please describe additions/renovations including year(s) completed:

Roof Type? _____ Age _____

Electricity type: Fuses _____ Circuit Breakers _____ Age _____

Any Stabloc fuses present? Y N

Type of wiring _____ Age _____

If Wiring is aluminum, is it remediated? Y N

What type of remediation was used? _____

Distance to fire hydrant _____ Distance to Fire station _____

Restaurant:

Does the hotel have a full service restaurant? _____

Operated by owner or leased to others? _____

Is Hotel owner listed as additional insured on others insurance policy? Y N

Does the restaurant have an automatic extinguishing system covering all cooking surfaces? Y N

Is the extinguishing system equipped with an automatic fuel shutoff switch? Y N

Is the hood and duct cleaning on a service contract? Y N Service period _____

Does the restaurant comply with the NFPA 96? Y N

Any liquor served Y N Annual liquor sales? _____ Percentage: _____

Annual Restaurant Sales _____

Dance floor? Y N Hookah Bar? Y N Entertainment? Y N



Pool:

Is there a swimming pool on premises? Y N Indoor _____ Outdoor _____
Does the pool have a diving board and or slide? Y N
Is the pool fenced with a self-closing gate? Y N
Does the pool have depth markers, posted hours, and gate locked after hours? Y N

Claim History:

Number of property claims for the past 5 years? _____
Type of Claim: _____ Total Payout? _____
Number of General Liability claims for the past 3 years? _____

Please Select What Coverage you are requesting:

Property General Liability Excess Desired Excess Limit (\$100M Max)

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement or 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.

Applicant name/title: _____
Applicant signature: _____ Date: _____