



**Hotel/Motel/Bed & Breakfast Supplemental Application**  
 (Complete in addition to the applicable ACORD applications)

Applicant's Name _____	Agent Name _____
DBA _____	Address _____
_____	_____
Mailing Address _____	Proposed Effective Date:
_____	From _____ To _____
Web Address _____	(12:01 am Standard Time at the address of the Applicant)
States of Operation _____	Applicant is:
Number of locations _____	<input type="checkbox"/> Individual <span style="margin-left: 150px;"><input type="checkbox"/> Joint Venture</span>
Years of Experience _____ years	<input type="checkbox"/> Corporation <span style="margin-left: 150px;"><input type="checkbox"/> LLC</span>
Years doing business under current name _____ years	<input type="checkbox"/> Partnership <span style="margin-left: 150px;"><input type="checkbox"/> Other</span>

Limits of Liability Requested	
Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Fire Legal (any one premise)	\$
Medical Expense (any 1 person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible \$	BI/PD per Claim - LAE

Description of Operations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Account Revenue Projections and History**

Year	Room Revenue	Restaurant Revenue	Liquor Revenue
Next 12 Months			
Prior Year			

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Prior Year			
Prior Year			

### Prior Carrier Information

	Year:	Year:	Year:	Year:	Year:
Carrier					
Premium					
Deductible					
Premium Base					

### Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

### General Information

Number of Stories: \_\_\_\_\_ Construction: \_\_\_\_\_ Protection Class: \_\_\_\_\_ Year Built: \_\_\_\_\_

Updates: Heating \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_

Cooking Controls: Ansul System  Yes  No Service Agreement in place?  Yes  No

Rooms are rented (please select all that apply)  Hourly  Daily  Weekly  Monthly

Does the property rent any recreational equipment?  Yes  No

If yes, please explain: \_\_\_\_\_

What is the average occupancy? \_\_\_\_\_ % Who is the average occupant? (Business, Vacation, Student, etc) \_\_\_\_\_

Are cooking facilities in rooms available?  Yes  No

Does Applicant employ security?  Yes  No Is the security armed?  Yes  No

Is the building sprinklered?  Yes  No

Are there smoke detectors in all rooms?  Yes  No

In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant?  Yes  No

Is the applicant aware of any events that have occurred prior to the proposed effective date of this policy that may result in a claim?  Yes  No

If yes, please describe. \_\_\_\_\_

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### Pool Information

Number of pools _____		Is the pool(s) fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Self locking gates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a diving board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Posted Rules	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How high is the board?	_____ meters	
Lifeguard on premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a slide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Saving Equipment in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How tall is the slide?	_____ Feet	

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature \_\_\_\_\_

Date \_

Agents Signature \_\_\_\_\_

Date \_