



**HOTEL/MOTEL  
APPLICATION SUPPLEMENT**  
(Include Acord application)

Named Insured/Applicant:

**PREQUALIFIERS - Risk(s) are ineligible if they include any of the following characteristics. Please complete:**

	Yes	No	N/A
1. Non-compliance with applicable law and ordinances pertaining to licensing or codes.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Warnings, suspensions, revocations, or other restrictions imposed due to failure to comply with licensing standards or building fire, and/or safety code.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Rooms or common areas deficient of a fire/smoke alarm.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Armed security personnel, employed or contracted, who use weapons including but not limited to guns, Tasers, and stun guns.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Bankruptcy declaration (Chapters 7, 11 or 13) within the last 3 years or impending foreclosure.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Unprotected commercial cooking facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Buildings taller than 4 stories (refer to Northfield Solutions).	<input type="checkbox"/>	<input type="checkbox"/>	
8. Rates charged on an hourly and/or partial day basis.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Swimming pools that have diving boards/slides, are unfenced, gate that is not self-latching/closing and/or not in compliance with Virginia Graeme Baker Pool & Spa Safety Act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Property classified as boarding or rooming house.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Owned autos or owned/contracted shuttle/transportation service offered, including delivery service, cab service, or designated driver programs (no HNOA coverage).	<input type="checkbox"/>	<input type="checkbox"/>	

**GENERAL INFORMATION**

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

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- Describe any seasonal risks:

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- Average occupancy rate:

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- Are animals allowed on the premises?     Yes     No

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- Do any rooms have a kitchenette, wood burning stove, or fireplace?     Yes     No  
If yes, are fire extinguishers in place?     Yes     No

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- Which of your services are subcontracted:

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- Percent of the building/rooms that are sprinklered:

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- Are employees on premises 24 hours?     Yes     No

**REVENUE INFORMATION**

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

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

Baseball Field	_____	Dance Floor	_____	Saddle Animals	_____
Basketball Court	_____	Exercise Facilities	_____	Sauna	_____
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/Partyroom (Sq. ft.)	_____	Playground	_____	Water/Theme Park	_____
Other (describe): _____					

1. If any live or automated entertainment (gambling machines, mechanical devices, etc.), describe type and frequency: \_\_\_\_\_

2. Do your promotional events (banquets, contests, etc.) or entertainment involve any special effects, i.e. lighting/sound, smoke, pyrotechnics, etc.?  Yes  No

If yes, describe: \_\_\_\_\_

**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

1. Limits requested:  \$300,000/\$300,000  \$500,000/\$500,000  \$1M/\$1M  \$1M/\$2M

2. Deductible requested:  \$250  \$500  \$1,000  \$2,500

	Yes	No
3. Do your operations include the sale of liquor? If yes, complete the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you have a liquor license?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you dispense or provide alcoholic beverages for off-premises events?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever had your liquor license revoked/suspended or received a citation/violation notice?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all alcohol-serving employees certified in a <b>Formal Alcohol Training Course</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide name of course (e.g. TIPS, TAM, RAMP, BEST, etc.): _____		
e. Are employees allowed to consume alcohol during their hours of employment?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are there written and enforced policies for intoxicated customers and minors?	<input type="checkbox"/>	<input type="checkbox"/>
g. 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>		
h. Do you have any package sales?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you sponsor any drink specials (i.e. 2-for-1, ladies' night, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe: _____		

**SECURITY**

1. Is security provided?  Yes, Armed  Yes, Non-armed  No  
 Security Offered:  Patrol  Gated/Property Access  Burglary Alarm Systems  Security Cameras  
 Other: \_\_\_\_\_

2. Are background /reference checks required for all employees?  Yes  No

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**HISTORY**

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1. Have you declared bankruptcy (Chapters 7, 11 or 13) within the last 5 years?  Yes  No

2. Have you had any prior losses due to mold, fire, water, weather, slip & fall?  Yes  No

If yes, explain:

3. Describe all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years. (Include dates and final payout, or if not closed, current reserve amount.)

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4. 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:

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If "Yes" to any questions above, provide details:

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**FRAUD STATEMENTS**

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**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.

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

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**IMPORTANT NOTICE****DECLARATION**

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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.

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**SIGNATURES**

Applicant Signature

Title

Date

Producer Signature

Date

Producer Name and Address

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