



SCOTTSDALE INSURANCE COMPANY®

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Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675 • Fax (480) 483-6752

Motel Program Supplemental Application

(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

1. Operation:

Hotel Motel Tourist Courts/Cabins Resort Dude Ranch

Other (describe): _____

Number of rooms: Average room charge: Average occupancy rate: %

Room rental by the: Hour Day Week Month Other (describe): _____

Any leased areas? Yes No

Leased to whom? _____

Operation: Area: Sq. Ft.

2. National affiliation? Yes No

If yes, with whom? _____

3. Recommended by local Chamber of Commerce or American Automobile Association (AAA)? Yes No

4. Building information/protection:

Number of stories: Construction: _____

Central station fire alarm Local fire alarm Emergency lighting Guards Sprinklered

Standpipes and hose Guest rooms have smoke detectors

5. Annual gross sales for insured's and their concessionaires' operations:

Room rental

Convenience store Number of stores: _____

Food from restaurant Number of restaurants or lounges: _____

Liquor from restaurant or lounge

Conferences and conventions Maximum occupancy for premises: _____

Health or swim club Number of members: _____

Equipment rental (snowmobiles, boats, skis, etc.) Type of equipment: _____

Other (describe): _____

Total of above

6. Other operations/exposures:

Baseball fields Trails

Number of fields: Bike—Number of trail miles: _____

Sports courts (tennis, basketball, racquetball, volleyball, etc.) Horse—Number of trail miles: _____

Total number of courts: Other (describe): _____

6. Other operations/exposures (continued):

- Boats
Number of boats: _____
Type (sail, power, canoe, etc.): _____
- Boat docks or slips
Number: _____
- Club houses (including exercise rooms)
Square footage: _____
- Lake
Number of acres: _____
- Park
Number of acres: _____
- Playgrounds
Number of playgrounds: _____
- Saddle animals
Number and describe type of animal: _____
- Saunas/hot tubs
Number of saunas and hot tubs: _____
- Security guards
Number employed: _____
Number of independent contractors: _____
Are they: armed unarmed
- Skeet/trap/archery ranges
Number of ranges: _____

- Spas
Number of spas: _____
- Swimming
 - Indoor pool
Number of pools: _____
 - Outdoor pool
(In-ground Above-ground)
Number of pools: _____
 - Bathing beach
(Ocean beach Lake/river beach)
Number of beaches: _____
- Number of diving boards/slides/rafts: _____
- Board/slide height: _____ ft.
- Swimming rules posted?..... Yes No
- Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access to roadways or parking areas? Yes No
- Life-safety equipment available at pool side?..... Yes No

7. Describe any additional recreational facilities operated by you or others on the premises: _____

8. Security:

- Employees are required to wear ID badges at all times..... Yes No
- Room doors have viewing devices (peep holes)..... Yes No
- Room doors have deadbolt locks and door chains. Yes No
- Door keys are card keys for electronic locks. Yes No
- Adjoining room doors have deadbolt locks..... Yes No
- Sliding glass doors have security bars or poles within door tracks. Yes No
- Do you release guest names and room numbers to others? Yes No
- Do rooms contain security instructions for guests?..... Yes No
- Facility has CCTV for monitoring parking and entrances. Yes No

9. Innkeepers liability limit:

- \$1,000 per occurrence/\$10,000 aggregate
- \$2,500 per occurrence/\$25,000 aggregate

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)