

Supplemental Application – Hotels & Motels

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years experience of mgmt. at this location: _____ Total years experience in this industry: _____
 Any prior bankruptcies or liquidations? Yes No Describe: _____

Premises Information:

Number of rooms: _____	Occupancy rate: _____
Average room rate: _____	Hour/Day/Week/Month: _____
Number of buildings at this location: _____	Minimum distance between buildings: _____
When were updates for:	Partial or complete?
- Electricity: _____	_____
- Plumbing: _____	_____
- Roofing: _____	_____
- HVAC: _____	_____
Are buildings sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage: _____
Are there smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hard wired or battery operated? _____
Are there fire alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Central station, local or pull alarms? _____
Is there aluminum wiring on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____
Is the aluminum wiring repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____
Clearly marked fire exits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary means of egress for each floor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency lighting in common areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dead bolt locks on doors to units? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the locks re-keyed after occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there elevators? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an agreement with elevator company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a parking lot located on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the parking lot owned, operated & maintained by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the size of the parking lot? _____	
Is there a valet parking service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the valet parking provided by an independent service company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the valet service required to maintain indemnity insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pools: Check here if no Pools

How many swimming pools? _____

- | | | | | | |
|--|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Are there any hot tubs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is there an automatic shut-off? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do pools have self-latching doors or gates? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Are there any diving boards or slides? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there life guards on duty? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How often? | _____ | |
| Is there rescue equipment such as a ring buoy, shepherds hook or pole? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Are pool depths adequately marked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Are pool chemicals properly stored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Recreational Facilities: Check here if no Recreational Facilities

- | | | | | | |
|---|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Is there a playground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is it fenced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any lakes, ponds or boat slips? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there any exercise facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there any daycare services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there any tennis, basketball or racquetball courts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there any saunas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there any recreational equipment rentals/checkouts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |

Restaurant/Cooking Exposure: Check here if no Cooking Exposure

- | | | | | | |
|---|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| Any sub-contracted cooking facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is indemnity ins. required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type of cooking - Deep Fat Fryers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| - Griddles? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| - Grill/BBQ Pit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Does establishment serve any raw seafood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Are there any banquet facilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Square footage: | _____ | |
| | | | Maximum occupancy: | _____ | |
| Any off-premises catering? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |
| Is there an automatic suppression system over all cooking surfaces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is there an automatic shut-off? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an independent cleaning contract for hoods & ducts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | How often is system cleaned? | _____ | |
| Have there been any Health Dept. violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Describe: | _____ | |

Liquor Liability: Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended? Yes No Describe: _____

Have you ever had any prior liquor citations or law violations? Yes No Describe: _____

In the last 5 years, have you had any liquor or dram liability claims? Yes No Describe: _____

Do all servers receive formal Alcohol Awareness training? Yes No Describe: _____

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No Describe: _____

Do you have any package sales? Yes No Describe: _____

Do you have any drive-thru facilities? Yes No Describe: _____

Do you admit anyone under 21? Yes No Describe: _____

Age of clientele (percentages):	<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>
Are patrons allowed to bring in their own alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you open later than other establishments in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you provide cab service or have a designated driver program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is there any off-premises liquor catering?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Bar/Lounge: Check here if no Bar/Lounge

Hours of operation:	<u>Mon. – Thu.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
Is there a dance floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sq. footage: _____	
Are there any mechanical devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	
Are there any gambling devices or tables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	
Are there any pool or billiards tables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	
Are there any athletic events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	
Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	
Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	
Other special or promotional activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe: _____	

Representation & Warranty Statement:

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Promont is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Promont.

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 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.

Applicant: _____ **Title:** _____ **Date:** _____