

# HOTEL/MOTEL APPLICATION

Corporate Name: \_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Limit Requested (choose one): \$5 Million  \$15 Million

Coverages:	BLDG #1	BLDG #2	BLDG #3	BLDG #4	BLDG #5
Units:					
Stories:					
Square Ft.					
Construction					
Year Built:					

Annual Receipts: Motel: \$\_\_\_\_\_ Food: \$\_\_\_\_\_ Liquor: \$\_\_\_\_\_

Average Room Rate: \_\_\_\_\_ Average Occupancy Rate: \_\_\_\_\_

Guards: Armed  Unarmed  None

Distance To Hydrant: \_\_\_\_\_ Distance To Fire Department: \_\_\_\_\_

Sprinklered: Fully  Part  \_\_\_\_\_%

Sprinkler: Wet  Dry

Security Cameras: Yes  No

Electronic Locks: Yes  No

Smoke Detectors: Hardwired: Yes  No  Battery: Yes  No  *If Yes, is there a battery maintenance program in place? Yes  No*

Smoke Detectors Inside Rooms & Common Areas: Yes  No

Alarms: None  Fire  Burglar

**Fire Alarm Type:**

- Central Station/No Watchman Yes  No
- Central Station/Watchman Yes  No
- Local/No Watchman Yes  No
- Local/Watchman Yes  No
- None Yes  No
- Watchman Only Yes  No

**Parking Lot Type:**

- Private Yes  No
- Public- Not Open Air Yes  No
- Public-Open Air Yes  No

Are any rooms rented for 30 consecutive days? Yes  No

*If Yes, explain:* \_\_\_\_\_

# HOTEL/MOTEL APPLICATION

Years in Hotel Business \_\_\_\_\_

Years at this Location \_\_\_\_\_

Any GL/AL Losses over \$50,000 in the past three (3) years: Yes  No

Any Claims incurred involving the following:

1. Death Yes  No
2. Brain Damage Yes  No
3. Burns Over 50% Of The Body Yes  No
4. Substantial Disfigurement Of The Body Yes  No
5. Spinal Cord Injuries Involving Any Degree Of Paralysis Yes  No
6. Any Injury To A Minor Child Yes  No
7. Any Assault and/or Robbery Yes  No
8. Any Estimate Of Damage In Excess of 50% Of The Underlying Limit Yes  No

## General Hotel Questions

Aluminum Wiring Yes  No

Certified Inspection Needed Yes  No

Emergency Lighting Yes  No

Showers have Non-Slip Surface Yes  No

Gas or Tanks Present Yes  No

Surge Protection Present Yes  No

Lighting Rods Present Yes  No

Deadbolts Used Yes  No

Kitchenettes Yes  No

Deposit three (3) or more times a week Yes  No

Rooms Open Outside Yes  No

Enclosed Stairwells Yes  No

Owned Aircraft Yes  No

Owned Watercraft Yes  No

Peep-Holes in doors Yes  No

Acres of Vacant Land \_\_\_\_\_

Cancelled last 3 years? Yes  No

Number of exits per floor \_\_\_\_\_

Manual Pull Alarm on each floor with Audible Alarm Device Yes  No

**Swimming Pool** (choose one): None  Inside  Outside

Diving Board Yes  No  Depth marked Top & Edge Yes  No

Water Slide Yes  No  Pool area locked after hours Yes  No

Fenced Yes  No  Pool chemicals checked regularly Yes  No

Self-latching/closing Gate Yes  No  Lifeguard Yes  No

Open To Public or Employees Yes  No  Area supervised by Mgmt? Yes  No

Rules Posted Yes  No  Locked Doors (Indoor) Yes  No



## HOTEL/MOTEL APPLICATION

Coverage	Insurer	Policy #	Limits	Premium	Policy Period
Automobile Liability					
General Liability					
Employers Liability					
Employee Benefit Liability					
Liquor Liability					
Other					
Non-owned and Hired Automobile Liability					

5. Do any scheduled underlying policies provide sub-limits? Yes  No

*If Yes, please list:* \_\_\_\_\_

**Policy** \_\_\_\_\_ **Sub-Limit** \_\_\_\_\_

6. Do any scheduled underlying policies provide coverage for:

**Punitive Damages** Yes  No

**Assault & Battery** Yes  No

**Abuse & Molestation** Yes  No

**Discrimination** Yes  No

### AUTOMOBILE INFORMATION

No.	Year	Make/Model	V.I.N. #	Passenger Capacity	Cost New
1.					
2.					
3.					

1. Indicate the total number of owned/leased vehicles: \_\_\_\_\_  
 The number used for: Property Maintenance: \_\_\_\_\_ Private Passenger: \_\_\_\_\_ Livery: \_\_\_\_\_

2. What is the minimum age of the drivers? \_\_\_\_\_

3. Have any drivers been alleged or convicted of DUI, DWI or had their licenses suspend? Yes  No

4. **Non-owned & Hired Auto** – Explain any controls/procedures that are utilized by applicant to reduce its exposure and/or liability in regards to the use of employee or volunteer automobiles used on its behalf:  
 \_\_\_\_\_

5. Radius: \_\_\_\_\_

6. Is there a Vehicle Maintenance program in Place? Yes  No

7. Is there a Driver Screening Program in Place? Yes  No

8. Does this location allow personal use of Company Autos? Yes  No

9. Is personal use limited? Yes  No

\_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_  
 Date

Print Form

LSH 03/11