



Hotel/Motel Supplement ( each location)

1. Name of applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Individual: \_\_\_\_\_ Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Other: \_\_\_\_\_
4. How many years at this location and under present ownership? \_\_\_\_\_
5. How many stories? \_\_\_\_\_
6. Construction type: \_\_\_\_\_
7. Age of building(s) and if over 25 years old, advise updates to roof, wiring, plumbing and HVAC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does each room have a smoke alarm? \_\_\_\_\_
9. Are the smoke alarms hard-wired or battery type? \_\_\_\_\_
10. Does each floor have at least 2 properly marked exits? \_\_\_\_\_
11. Is the building fully or partially sprinklered? \_\_\_\_\_
12. Is there security on site and are they direct employees or sub-contracted with certificates of insurance ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. If security guards used, are they armed? \_\_\_\_\_
14. Any assaults/rapes/shootings in the last 5 years and if so, give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Describe area risk is in: upscale \_\_\_\_\_ average \_\_\_\_\_ below average \_\_\_\_\_
16. Are the showers and bathtubs equipped with non-slip surfaces/mats? \_\_\_\_\_
17. What is average room rate? \_\_\_\_\_
18. What is average occupancy rate? \_\_\_\_\_
19. Is this a seasonal establishment? \_\_\_\_\_

20. Is there a restaurant on premises? \_\_\_\_\_

21. Is the restaurant owned and run by the insured or is this a lessors risk exposure and if LRO, does the insured obtain certificate of insurance from tenants? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. What is split between food sales: \_\_\_\_\_ liquor: \_\_\_\_\_

23. What are receipts from motel operations? \_\_\_\_\_

24. Is there any entertainment provided on premises ( motel or restaurant ) and if so, advise details and how often and what type: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

25. How many swimming pools? \_\_\_\_\_

26. Are all swimming pools fully fenced with self-latching gates and confirm no diving boards or slides: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

27. Is there a dance floor on premises and if so, what is square footage of dance floor and what type of entertainment is provided and type of music? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Are there any lakes or ponds on premises? Is this risk on the beach? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Any rental of jet ski's, boats, etc? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

30. Describe experience of current owners/management in running a hotel/motel: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF BOUND, WE REQUIRE THIS SECTION TO BE COMPLETED BY THE BROKER ON EACH ACCOUNT! THIS MUST BE DONE PRIOR TO OR AT BINDING!**

**RESIDENT OR NON-RESIDENT SURPLUS LINES  
LICENSEE INFORMATION FOR APPLICANT'S STATE OF  
DOMICILE:**

*Surplus license state*

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*Surplus license #*

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*Surplus license expiration date*

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*Surplus licensee name*

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*Affiliation with producer ( e.g., owner, executive officer,  
employee)*

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*Surplus lines agency name (if entity license)*

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