



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

Number of fields: \_\_\_\_\_

Sports courts (tennis, basketball, racquetball, volleyball, etc.)

Total number of courts: \_\_\_\_\_

Trails

Bike—Number of trail miles: \_\_\_\_\_

Horse— Number of trail miles: \_\_\_\_\_

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)*