AGENCY CUSTOMER ID: _____

LOC #: _____

HOTEL/MOTEL SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER	CARRIER	NAIC CODE

LOCATION OF PROPERTY(COMPLETE THIS SUPPLEMENT FOR EACH APPLICABLE LOCATION)		TYPE OF BUSINESS ☐ HOTEL ☐ MOTEL
		☐ FULL SERVICE ☐ RESORT
		☐ LIMITED SERVICE ☐ CONVENTION/CONFERENCE CENTER
NO. OF GUEST ROOMS:	AVERAGE OCCUPANCY RATE: %	☐ SUITE HOTEL ☐

GENERAL INFORMATION

EXPLAIN ALL "NO" RESPONSES, EXCEPT AS OTHERWISE NOTED	Y/N
1. DOES THE APPLICANT HOST BUSINESS MEETINGS, CONFERENCES OR TRADE SHOWS? IF YES, HOW OFTEN?	☐
2. IS THE PARKING LOT IN GOOD CONDITION AND WELL LIGHTED?	☐
3. DOES THE RESTAURANT OFFER TABLESIDE COOKING? IF YES, DESCRIBE. NUMBER OF TABLES: _____	☐
4. DOES THE RESTAURANT CONTRACT WITH A PEST CONTROL SERVICE?	☐
5. ARE PREPARATION AND SANITATION PROCEDURES FOLLOWED TO PREVENT FOOD BORNE ILLNESS?	☐
6. ARE THE INSURED'S HEATING, REFRIGERATION AND AIR CONDITIONING SYSTEMS REGULARLY CHECKED? IF YES, HOW OFTEN?	☐
7. IS THE STRUCTURE IN COMPLIANCE WITH NFPA 13 AND NFPA 101?	☐
8. ARE ALL ROOMS EQUIPPED WITH SMOKE DETECTORS AND SPRINKLERS?	☐
9. ARE THERE SPECIAL SMOKE OR FIRE ALARM DEVICES IN ROOMS FOR HEARING IMPAIRED GUESTS?	☐
10. ARE FIRE SAFETY MESSAGES POSTED IN ALL ROOMS?	☐
11. IS THERE AN EMERGENCY EVACUATION PLAN IN PLACE?	☐
12. ARE THERE SUFFICIENT AND WELL-ILLUMINATED FIRE EXITS?	☐
13. DO THEY HAVE EMERGENCY LIGHTING?	☐
14. DO INDIVIDUAL GUEST ROOMS HAVE BALCONIES? IF YES, DESCRIBE.	☐
15. ARE BALCONY PLATFORMS AND RAILINGS REGULARLY INSPECTED FOR STRUCTURAL INTEGRITY AND STRENGTH? IF YES, HOW OFTEN?	☐

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LOC #: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "NO" RESPONSES, EXCEPT AS OTHERWISE NOTED	Y/N
16. DO SECURITY PERSONNEL CARRY GUNS? IF YES, DESCRIBE TRAINING PROCEDURES.	☐
17. ARE EMPLOYEES TRAINED IN FIRST AID?	☐
18. ARE THE ELEVATORS AND/OR ESCALATORS INSPECTED REGULARLY? IF YES, HOW OFTEN?	☐
19. ARE LAUNDRY FACILITIES PROVIDED? IF YES, DESCRIBE.	☐
20. DOES THE INSURED ALLOW GUESTS TO STORE VALUABLES IN THE HOTEL SAFE?	☐
21. ARE ALL ENTRANCES LOCKED OR MONITORED AT NIGHT?	☐
22. ARE THERE ANY FACILITIES THAT WILL DRAW CROWDS TO THE UPPER FLOORS? IF YES, DESCRIBE.	☐
23. DOES THE INSURED HAVE A POLICY OF PROVIDING ALTERNATE ACCOMMODATIONS? IF YES, DESCRIBE.	☐

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.