



Supplemental Application For
Hotels and Motels

1. Name of Applicant _____
Street Address _____
City _____ State _____ Zip _____
Applicant's Web Site Address _____
2. Total number of guest rooms? _____
What is the average room rate? _____
Are there hourly rates? Yes No
Are there monthly rentals? Yes No
Does anyone other than the owner/manager live on site? Yes No
3. Annual gross sales? \$ _____ Number of years in business? _____
4. Have there been any losses in the past five years? Yes No
Details of loss: _____

5. Are background checks performed on all employees? Yes No
6. How many stories is the building? _____ Age of building? _____
Construction? _____ Sprinklered? Yes No
Protection class? _____
7. Are there balconies in the individual guest rooms? Yes No
Railing height _____ Space between bars _____
8. Are there smoke detectors in each individual guest room? Yes No If yes, Hardwired or Battery.
Are there sprinklers in each individual guest room? Yes No
9. Type of lock on the individual guest rooms: Electronic Key
Procedure for having rooms re-keyed: _____

10. Do individual guest rooms have peepholes? Yes No
11. Do individual guest rooms open to: Interior hallway Exterior
12. Do all bathtubs in individual guest rooms have non-slip surfaces? Yes No
Maximum hot water temperature _____
13. Are fire exits clearly marked? Yes No
14. Are all exits equipped with panic hardware? Yes No
15. Are all emergency exits free of obstacles? Yes No
16. Are all emergency exits unlocked at all times? Yes No
17. Is there emergency lighting in common areas? Yes No
18. Do all secondary access doors require a guest key? Yes No
19. Does the Insured have a security patrol? Yes No
20. Is this a contracted or employees of the Insured patrol service? Armed or Unarmed
If contracted, are Certificates of Insurance obtained? Yes No

21. Are all parking facilities well lit? Yes No
22. Is there valet parking? Yes No
23. Is there a restaurant? Yes No
 If yes, is it operated by Applicant or by an outside concessionaire?
24. Is there a bar/lounge? Yes No
 Is there live entertainment? Yes No
25. If space is leased to others, indicate square footage:
 Are COI's obtained from Lessor? Yes No *(If Owner Operated, please complete A-67)*
26. Is there a fitness center on the premises? Yes No
 Is the equipment inspected and maintained on a frequent basis? Yes No
 Door locked at all times, accessed by key? Yes No Available to guests only? Yes No
 Rules posted? Yes No
 Tanning booths? Yes No % of UVB Bulbs _____ % of UVA Bulbs _____
 Is use supervised? Yes No
 Coin or card operated? Yes No Who controls the timers? _____
 Any other amenities? Yes No *(For additional details, see Page 3.)*

Details: _____

27. Is there a swimming pool on the premises? Yes No
 How many? _____ Indoor Outdoor
 If outdoor, fenced with a self-closing, self-latching gate? Yes No Gate height _____
 Is a lifeguard on duty? Yes No
 Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
 Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No
 Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No
 Are dual or multiple drains at least three (3) feet apart? Yes No

28. Is there a hot tub on the premises? Yes No If yes, is there an automatic shutoff? Yes No
29. Are pools for guest use only? Yes No
30. Are depths clearly marked on top and sides of pool? Yes No
31. Are rules posted conspicuously? Yes No
32. Is lifesaving equipment present? Yes No
33. Are there diving boards? Yes No Height _____
34. Are there slides? Yes No Height _____
35. Is pool/hot tub water tested daily? Yes No
36. Are there any Events, Conventions, Weddings, etc.? Yes No *(For additional details, see Page 3.)*

Details: _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

