

## Supplemental Application – Hotels & Motels

<b>Applicant Name:</b> _____	<b>Date:</b> _____
<b>Location Address:</b> _____	
<b>Web Site:</b> _____	

**Business Information:**

Years in business : \_\_\_\_\_ Years of experience in this industry: \_\_\_\_\_

Any prior bankruptcies or liquidations?  Yes  No Describe: \_\_\_\_\_

Who is responsible for day to day operations: \_\_\_\_\_ For how long: \_\_\_\_\_

Are employees screened:  Yes  No

References:  Yes  No Prior Jobs:  Yes  No

Credit check:  Yes  No Criminal check:  Yes  No

Clientele (percentages):

<u>Elderly</u>	<u>Spring Break Crowd</u>	<u>Resident Housing</u>

Room Registration (percentages):

<u>Monthly</u>	<u>Weekly</u>	<u>Daily</u>	<u>Hourly</u>

**Premises Information:**

Number of rooms: \_\_\_\_\_ Occupancy rate: \_\_\_\_\_

Average room rate: \_\_\_\_\_ Hour/Day/Week/Month: \_\_\_\_\_

Number of buildings at this location: \_\_\_\_\_ Minimum distance between buildings: \_\_\_\_\_

When were updates for:

- Electricity: \_\_\_\_\_ Partial or complete? \_\_\_\_\_
- Plumbing: \_\_\_\_\_ Partial or complete? \_\_\_\_\_
- Roofing: \_\_\_\_\_ Partial or complete? \_\_\_\_\_
- HVAC: \_\_\_\_\_ Partial or complete? \_\_\_\_\_

Are buildings sprinklered?  Yes  No Percentage: \_\_\_\_\_

Are there smoke detectors?  Yes  No Hard wired or battery operated? \_\_\_\_\_

Are there fire alarms?  Yes  No Central station, local or pull alarms? \_\_\_\_\_

Is there aluminum wiring on premises?  Yes  No Describe: \_\_\_\_\_

Is the aluminum wiring repaired?  Yes  No Describe: \_\_\_\_\_

Clearly marked fire exits?  Yes  No Secondary means of egress for each floor?  Yes  No

Emergency lighting in common areas?  Yes  No

Dead bolt locks on doors to units?  Yes  No Are the locks re-keyed after occupancy?  Yes  No

Are there elevators?  Yes  No Do you have an agreement with elevator company?  Yes  No

Is there a parking lot located on premises?  Yes  No

Is the parking lot owned, operated & maintained by applicant?  Yes  No

What is the size of the parking lot? \_\_\_\_\_

- Is there a valet parking service?  Yes  No
- Is the valet parking provided by an independent service company?  Yes  No
- Is the valet service required to maintain indemnity insurance?  Yes  No

**Pools:**  Check here if no Pools

How many swimming pools? \_\_\_\_\_

- Are there any hot tubs?  Yes  No
- Do pools have self-latching doors or gates?  Yes  No
- Are there any diving boards or slides?  Yes  No
- Are there life guards on duty?  Yes  No
- Is there rescue equipment such as a ring buoy, shepherds hook or pole?  Yes  No
- Are pool depths adequately marked?  Yes  No
- Are pool chemicals properly stored?  Yes  No
- Is there an automatic shut-off?  Yes  No
- Describe: \_\_\_\_\_
- How often? \_\_\_\_\_

**Recreational Facilities:**  Check here if no Recreational Facilities

- Is there a playground?  Yes  No
- Are there any lakes, ponds or boat slips?  Yes  No
- Are there any exercise facilities?  Yes  No
- Are there any daycare services?  Yes  No
- Are there any tennis, basketball or racquetball courts?  Yes  No
- Are there any saunas?  Yes  No
- Are there any recreational equipment rentals/checkouts?  Yes  No
- Is it fenced?  Yes  No
- Describe: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Describe: \_\_\_\_\_

**Restaurant/Cooking Exposure:**  Check here if no Cooking Exposure

- Any sub-contracted cooking facilities?  Yes  No
- Type of cooking - Deep Fat Fryers?  Yes  No
- Griddles?  Yes  No
- Does establishment serve any raw seafood?  Yes  No
- Are there any banquet facilities?  Yes  No
- Any off-premises catering?  Yes  No
- Is there an automatic suppression system over all cooking surfaces?  Yes  No
- Is there an independent cleaning contract for hoods & ducts?  Yes  No
- Have there been any Health Dept. violations?  Yes  No
- Is indemnity ins. required?  Yes  No
- Grill/BBQ Pit?  Yes  No
- Describe: \_\_\_\_\_
- Square footage: \_\_\_\_\_
- Maximum occupancy: \_\_\_\_\_
- Describe: \_\_\_\_\_
- Is there an automatic shut-off?  Yes  No
- How often is system cleaned? \_\_\_\_\_
- Describe: \_\_\_\_\_

**Liquor Liability:**  Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended?  Yes  No Describe: \_\_\_\_\_

Have you ever had any prior liquor citations or law violations?  Yes  No Describe: \_\_\_\_\_

In the last 5 years, have you had any liquor or dram liability claims?  Yes  No Describe: \_\_\_\_\_

Do all servers receive formal Alcohol Awareness training?  Yes  No Describe: \_\_\_\_\_

Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)?  Yes  No Describe: \_\_\_\_\_

Do you have any package sales?  Yes  No Describe: \_\_\_\_\_

Do you have any drive-thru facilities?  Yes  No Describe: \_\_\_\_\_

Do you admit anyone under 21?  Yes  No Describe: \_\_\_\_\_

Age of clientele (percentages):

<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>

Are patrons allowed to bring in their own alcoholic beverages?  Yes  No

Are you open later than other establishments in the area?  Yes  No

Do you provide cab service or have a designated driver program?  Yes  No

Is there any off-premises liquor catering?  Yes  No

**Bar/Lounge:**  Check here if no Bar/Lounge

Hours of operation:

<u>Mon. – Thu.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>

Is there a dance floor?  Yes  No Sq. footage: \_\_\_\_\_

Are there any mechanical devices?  Yes  No Describe: \_\_\_\_\_

Are there any gambling devices or tables?  Yes  No Describe: \_\_\_\_\_

Are there any pool or billiards tables?  Yes  No Describe: \_\_\_\_\_

Are there any athletic events?  Yes  No Describe: \_\_\_\_\_

Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)?  Yes  No Describe: \_\_\_\_\_

Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)?  Yes  No Describe: \_\_\_\_\_

Other special or promotional activities?  Yes  No Describe: \_\_\_\_\_

**LIVE Entertainment:**  Check here if no LIVE Entertainment

Is there a DJ or karaoke?  Yes  No Describe: \_\_\_\_\_

Is there any topless or Go-Go dancing?  Yes  No Describe: \_\_\_\_\_

Are there any comedians or stand-up entertainers?  Yes  No Describe: \_\_\_\_\_

Any live performers: - Country?  Yes  No No. nights per week: \_\_\_\_\_

- Piano/Solo Acts?  Yes  No No. nights per week: \_\_\_\_\_

- Rock/Disco?  Yes  No No. nights per week: \_\_\_\_\_

- Other?  Yes  No No. nights per week: \_\_\_\_\_

Are there any national known performers?  Yes  No Describe: \_\_\_\_\_

Are there any promoters?  Yes  No Describe: \_\_\_\_\_

Any special effects: - Lighting/Sound?  Yes  No

- Smoke?  Yes  No

- Pyrotechnics?  Yes  No

Other live entertainment?  Yes  No Describe: \_\_\_\_\_

**Security:**  Check here if no Security

Are there any employee bouncers?  Yes  No Are they armed? \_\_\_\_\_

Are there any security guards?  Yes  No Are they armed? \_\_\_\_\_

Are there any third-party bouncers or security guards?  Yes  No Are they armed? \_\_\_\_\_

Are there any off-duty uniformed policemen?  Yes  No Are they armed? \_\_\_\_\_

Are there any ID checkers?  Yes  No Describe: \_\_\_\_\_

Are there any weapons on premises?  Yes  No Describe: \_\_\_\_\_

**Gross Receipts:**

<u>Hotel Operations</u>		<u>Bar/Lounge</u>		<u>Restaurant</u>	
Sales/receipts	_____	Food	_____	Food	_____
Rentals	_____	Liquor	_____	Liquor	_____
Other	_____	Catering	_____	Catering	_____
Total	_____	Total	_____	Total	_____

**Hired & Non-Owned Auto:**  Check here if not requested

Do you verify each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements?  Yes  No

Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions?  Yes  No

Do you provide off-site catering or delivery services?  Yes  No

Have you had any hired and non-owned auto losses in the past 5 years?  Yes  No Please attach detailed list of losses.

Do you provide guest shuttle services?  Yes  No

Number of employees \_\_\_\_\_

**Representation & Warranty Statement:**

I have read this Application and I represent that all of the foregoing statements are true and accurate and that these statements are offered as the basis upon which Promont is considering issuance of an insurance policy. Any missing or erroneous information in this Application may jeopardize coverage in the event of a claim under any policy issued by Promont.

**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 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.

**Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_