

Hotel/Motel Supplemental Questionnaire

(To be submitted with ACORD Applications)

1.	Applicant:								
2.	Website Address:								
3.	Operation: Other (de	_	Motel	🗌 Tou	rist Courts/Cab	oins [Resort	Dude Ranch	
	Number of years in business: Insured's years of experience managing/operating hotels/motels:							tels:	
	Hours of operation	:	Google rating:		stars		yelp rating:	stars	
	Number of rooms:	Aver	age room charg	e:\$	ŀ	Average occ	upancy rate:	%	
	Single unit cabins:Number:Percentage of total number of rooms:%								
	Are there any exterior entrances to the guest rooms of the hotel/motel?								
	Room rental by the	e: Hour: Other (desc	% Day cribe):	%	Week:	% Mon	th: %		
	Clientele: Elderly:	%	Spring break cro	owd:	%	Resider	t Housing:	%	
	Is smoking allowed i	nside of rooms?	🗌 Yes 🗌	No					
	Is the hotel open year – round? Yes No If no, does owner or operator reside there year round or monitor the property regularly? Yes No Indicate months that hotel/motel does not operate:								
	Any area leased or rented to others?								
	Description of oper	rations in lease	u area:						
4.	Franchise/National affiliation?								
5.	Recommended by I	ocal Chamber o	f Commerce or	American	Automobile A	Association	(AAA)?	Yes 🗌 No	
6.									
	Central statio	on fire alarm	🗌 Local	fire alarm		🗆 E	mergency lighting	3	
	Sprinklered Peep holes Deadbolt locks								
	Standpipes and hose Guest rooms have smoke detectors Non-slip surfaces in tubs/showers						n tubs/showers		
	If the building is sprinklered, is system under a service maintenance contract? Yes No - If yes, please provide name of vendor: No - When was last inspection conducted?								
	Additional existing exposures:								
	Do you have you	ur own laundry fa	cilities?	🗌 Yes		b If yes, h	ow often are lint f	filters cleaned?	
	Full kitchen Fireplace: Nu Pellet Stove		☐ Kitch ☐ Spac] Freestanding):	e heater(s	s): Number: umber:	Descrip	tion:		
	Wood Stove	(Insert or] Freestanding):	Ν	umber:	Descript	lion:		



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Annual gross sales									
Operati	ons	Annual Gross Sales	Additional Information						
Room rental	\$								
Convenience store			Number of stores:						
Food from restaurar	nt \$		Number of restaurants or lounges:						
Liquor from restaura	quor from restaurant or lounge \$								
Conferences and co	onferences and conventions \$			Maximum occupancy for premises:					
Health or swim club				Number of members:					
Equipment rental (si boats, skis, etc.)	Equipment rental (snowmobiles, \$ oats, skis, etc.)			Type of equipment:					
Other				tions:					
 Operated by App Operated by ten 	plicant?	urant is on premises) on file?			☐ Yes ☐ Yes ☐ Yes	□ N □ N □ N			
3. Type of restaura	nt:								
Family	Fine dining	Fast food	Sports bar	🗌 Cafeteria					
4. Business Days:	From:	am/pm to	ar	n/pm					
5. Food sales: \$		Liquor sales:	\$						
6. Catering or off p	Catering or off premises food activities as percentage of t								
7. Seating capacity	: Dining Room:	Bar:	Patio:	Total: \$					
	Cooking Equipment: # of deep fat fryers # of ranges # of broilers # of ovens								
9. Auto extinguishi	ng system?				🗌 Yes	🗆 No			
9. Auto extinguishi 10. UL300 system?	ng system?				☐ Yes ☐ Yes	_			
-					_				
10. UL300 system?	I shutoffs?	Othe			☐ Yes	No			
10. UL300 system? 11. Has required fue 12. Covers all cookir	I shutoffs? ng and ventilation	Othe	r		☐ Yes ☐ Yes				
10. UL300 system? 11. Has required fue 12. Covers all cookir 13. Is Applicant com	I shutoffs? ng and ventilation pliant with both NI	Othe equipment?	r		☐ Yes ☐ Yes ☐ Yes				
10. UL300 system? 11. Has required fue 12. Covers all cookir 13. Is Applicant com 14. Frequency of ho	I shutoffs? ng and ventilation pliant with both NI od cleaning:	Othe equipment?	r		☐ Yes ☐ Yes ☐ Yes				
10. UL300 system? 11. Has required fue 12. Covers all cookir 13. Is Applicant com 14. Frequency of how 15. Frequency of due	I shutoffs? ng and ventilation o pliant with both NI od cleaning: ct work cleaning:	Othe equipment? FPA Standard #96 and	r		☐ Yes ☐ Yes ☐ Yes	- Na - Na - Na - Na			
10. UL300 system? 11. Has required fue 12. Covers all cookir 13. Is Applicant com	I shutoffs? ng and ventilation o pliant with both NI od cleaning: ct work cleaning:	Othe equipment? FPA Standard #96 and	r		☐ Yes☐ Yes☐ Yes☐ Yes	- Na - Na - Na - Na			
 UL300 system? Has required fue Covers all cooking Is Applicant communication Frequency of homogeneous of homogeneous of the system Frequency of due Professional homogeneous of homogeneo	I shutoffs? ng and ventilation of pliant with both NI od cleaning: ct work cleaning: od and duct service	Othe equipment? FPA Standard #96 and e firm used?	r		☐ Yes☐ Yes☐ Yes☐ Yes	- Na Na Na Na Na			
 UL300 system? Has required fue Covers all cooking Is Applicant communication Frequency of how Frequency of due Professional how Name: 	I shutoffs? ng and ventilation of pliant with both NI od cleaning: ct work cleaning: od and duct service	Othe equipment? FPA Standard #96 and e firm used?	r		 Yes Yes Yes Yes Yes 				
 UL300 system? Has required fue Covers all cookin Is Applicant com Frequency of hor Frequency of due Professional hor Name: Refrigeration ma Name: 	I shutoffs? ng and ventilation of pliant with both NI od cleaning: ct work cleaning: od and duct service intenance agreeme	Othe equipment? FPA Standard #96 and e firm used?	r		 Yes Yes Yes Yes Yes 				
 UL300 system? Has required fue Covers all cookin Is Applicant com Frequency of how Frequency of due Professional how Name: Refrigeration ma 	I shutoffs? ng and ventilation of pliant with both NI od cleaning: ct work cleaning: od and duct service intenance agreemo	Othe equipment? FPA Standard #96 and e firm used? ent in place?	r		 Yes Yes Yes Yes Yes Yes 				



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Check if yes:	Operations	Additional Information			
	Boats	Number of boats: Sail: Power: Canoe: Rowboat: Other (describe):			
	Boat Docks/Slips	Number of docks: Number of slips:			
	Clubhouses (including exercise rooms)	Number: Square footage:			
	Fuel sales	Gallons sold per year:			
	Golf Course	Gross annual sales: \$			
	Lake	Number of acres:			
□ Parks		Number of acres:			
	Playgrounds	Number of playgrounds:			
	Saddle Animals	Number: Type of animal(s):			
	Shooting range (archery/skeet/trap)	Number: Type of range(s):			
	Ski Lifts/tows	Number of lifts: Number of tows:			
		Baseball parks:Shuffleboard courtsBasketball courts:Tennis courts:Racquetball courts:Volleyball courts:Other (describe):Volleyball courts:			
	Swimming/Spas/Saunas/Beaches: Eligibility Questions: a) Swimming pool rules posted? Yes No b) Depths of pool markings clearly visible? Yes No c) Outdoor pools fenced with self-latching gate or enclosed by building structure with no direct access to roadways or parking areas? Yes No d) Is life-safety equipment available at pool side? Yes No e) Certified lifeguard on duty? Yes No	Number of: Indoor Pools: Number: Outdoor Pools (In-ground): Number: Outdoor Pools (Above-ground): Number: Saunas: Number: Spas/hot tubs: Number: Bathing Beaches (Ocean beach): Number: Bathing Beaches (Lake/river beach): Number: Diving boards: Height: ft. Number: Slides: Height: ft. Platforms: Number: Other (describe): Number:			
	Trails	Number of bike trail miles: Number of horse trail miles Other (describe): Image: Comparison of the second			
	Additional recreational facilities or operations of the Insured or others on the premises:	Describe:			



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10. Security:							
a)	Are employees required to wear ID badges at all times?	🗌 Yes	□ No				
b)	Do room doors have viewing devices (peep holes)?	☐ Yes	□ No				
c)	Do room doors have deadbolt locks and door chains?	☐ Yes	□ No				
d)	Do room doors have electric locks (key card access)?	☐ Yes	□ No				
e)	Are there deadbolt locks on adjoining rooms?	☐ Yes	□ No				
f)	Are there security bars or poles on sliding glass doors?	☐ Yes	□ No				
g)	Are guest names and room numbers released to others?	☐ Yes	□ No				
h)	Do rooms contain security instructions for guests?	☐ Yes	□ No				
i)	Is there CCTV monitoring of parking and entrances?	☐ Yes	□ No				
j)	Are there security guards?	☐ Yes	□ No				
	If yes: Number of employed security guards:	Armed:	Unarmed:				
	Number of contracted security guards:	Armed:	Unarmed:				
11. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? If yes, describe:							
12. Does applicant have any other business ventures for which coverage is not being requested?							
If yes, describe:							
13. Does the risk have a property maintenance plan in place (e.g., routine updates, roof annually inspected)? If yes, please explain:							
14. Was the building originally constructed as a hotel/motel? Yes No							
• 7	The type of business building was constructed for:						
When the most recent updates were made to the: Electrical: Heating: Plumbing: Roof:							
	the hotel have an auto exposure? Yes please explain:	C] No				

PRODUCER'S SIGNATURE

DATE:

DATE:

APPLICANT'S SIGNATURE