



# HOTEL/MOTEL SUPPLEMENTAL QUESTIONNAIRE

**Hotel/Motel Name:** \_\_\_\_\_  
**DBA:** \_\_\_\_\_  
**Insured Name:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Web-site:** \_\_\_\_\_

**General Information**

Average daily room rate \$ \_\_\_\_\_  
 Average annual occupancy rate \_\_\_\_\_ %  
 Percentage of guests staying longer than 1 week \_\_\_\_\_ %  
 Management/Owner  
     Years at this location # \_\_\_\_\_  
     Years in this business # \_\_\_\_\_  
 Number of rooms # \_\_\_\_\_  
 Annual room rental receipts \$ \_\_\_\_\_  
 Annual restaurant receipts \$ \_\_\_\_\_  
 Annual bar and lounge receipts \$ \_\_\_\_\_  
     Total annual receipts \$ \_\_\_\_\_  
 Liquor Liability  
     Insurance company \_\_\_\_\_  
     Limits of liability \_\_\_\_\_

**Yes      No**

Do you have a written safety policy?  Yes  No  
 If yes attach, if no explain \_\_\_\_\_  
 Do you enter into risk transfer arrangements?  Yes  No  
 If yes, explain \_\_\_\_\_  
 Does owner live on premises?  Yes  No  
 Does manager live on premises?  Yes  No  
 Are weekly rates offered?  Yes  No  
 Safe on premises for guest's property?  Yes  No  
 Guest rooms have  
     - Peep holes?  Yes  No  
     - Dead bolt locks?  Yes  No  
     - Smoke Alarms?  Yes  No  
     - Non-slip tub and shower?  Yes  No  
     - Tub & shower grab bars?  Yes  No  
     - Bath; GFI circuits?  Yes  No  
 Firearm kept on premises?  Yes  No  
 Do you hire security service?  Yes  No  
 Employed security personnel # \_\_\_\_\_  
 Does security service furnish certificate of insurance?  Yes  No  
 Limits provided by Security Company? \$ \_\_\_\_\_  
 Are any security personnel armed?  Yes  No  
 Are certificates of insurance on file for all contractors and sub contractors?  Yes  No  
 Emergency phone numbers or direct phone link to front desk available in all rooms, pool, recreation, & common areas?  Yes  No

**Swimming Pool**

To be eligible for coverage, the answer to each question must be "Yes" under this section. Eligibility will be verified by inspection. Misstatement or misrepresentation of material fact may cause coverage to be declared void from inception, along with the denial of any subsequent claim.

Indoor or Outdoor pool? \_\_\_\_\_

**Yes      No**  
 Pool is completely enclosed by a fence?  Yes  No  
 - The fence separates pool & living areas  Yes  No  
 - The fence has self-closing & latching gate?  Yes  No  
 - The fence has a height of no less than 48 inches and vertical slats/bars are no more than 4 inches apart. If the fence is constructed of chain link, the spacing of the links shall be no more than 1.75 inches apart. All fences must have no more than 4 inches of clearance between the bottom of the fence and ground?  Yes  No  
 The pool area is well maintained?  Yes  No  
 Drains are covered, steps and ladders are secure, and the deck and walkway are in good condition?  Yes  No  
 Pool area contains no diving board or slide?  Yes  No  
 Non-slip walk surfaces  Yes  No  
 Rules posted?  Yes  No  
 Depths marked & easily visible in & out of pool?  Yes  No  
 Pool is equipped with rescue & life safety equipment (incl. ring, shepherd's hook)?  Yes  No

**Recreation Equipment (if applicable)**

Jacuzzi?  Yes  No  
 GFI circuits on pool and Jacuzzi?  Yes  No  
 Exercise room?  Yes  No  
 Any free weights in exercise room?  Yes  No  
 Rules posted in exercise room?  Yes  No  
 Any other recreational facilities or equipment (describe below in comments)?  Yes  No

**Restaurants (if applicable)**

**Yes      No**

Is it leased out?  Yes  No  
 Restaurant tenant furnishes certificate of insurance?  Yes  No  
 Is there a bar/lounge?  Yes  No  
 Does bar/lounge tenant furnish you certificate of insurance?  Yes  No  
 Limits provided?  Yes  No  
 All cooking surfaces protected by automatic extinguishing system  Yes  No  
 Serviced semi-annually by outside contractor?  Yes  No  
 Hood & Duct system vented outside?  Yes  No  
 Hood & Duct system cleaned semi-annually by outside contractor?  Yes  No  
 Hood & Duct filters cleaned at least weekly?  Yes  No

**Comments or Explanations:** (If needed attach a separate sheet on agency or insured letter head signed & dated by both parties.)

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Statement:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements and information are true:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_