



## Hotel/Motel Product Application– All States

Applicant's name: \_\_\_\_\_

How many individual units are there at this location? \_\_\_\_\_

Is any portion dedicated for commercial occupancy?      Yes      No  
 If "Yes," what is the area dedicated for commercial occupancy? \_\_\_\_\_ sq.ft.

Is this space:      Occupied or      Vacant

Is this space:      Operated by applicant or      Leased to others

Description of the other commercial occupancy: \_\_\_\_\_

Number of swimming pools \_\_\_\_\_

If pool, is there a lifeguard on duty at all times when the pool is open?      Yes      No

Are they a national franchise?      Yes      No

If "Yes", provide the franchise name: \_\_\_\_\_

Is there inside room access only with changeable card entry?      Yes      No

Who performs snow and ice removal?      Insured      Contractor      Tenant      Not a cold weather state

### ELIGIBILITY CRITERIA

1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past five years	True	False
2. For any building built prior to 1978, 100% of the wiring is on functioning and operational circuit breakers	True	False
3. Functioning and operational smoke and/or heat detectors in all units and/or occupancies	True	False
4. No assisted living, group home, rooming or boarding house, or bed and breakfast operations	True	False
5. No structural renovations ongoing or planned during our policy term	True	False
6. Occupancy rate of 60% or more (not applicable if the location has been available to tenants less than 12 months)	True	False
7. No armed security or off-duty police officers employed	True	False
8. Formal written procedures concerning emergencies and guest safety exist which require written documentation of any incident and all employees are trained on them	True	False
9. No marina operations, boating, sport activities organized, golf courses, horseback riding, ski slopes or air strips	True	False
10. For any building built prior to 1978, no knob and tube or aluminum wiring	True	False
11. The premises does not include a bar, tavern or nightclub exposure (applicable whether leased or owner-operated)	True	False
12. No rental of rooms for less than one night	True	False
13. No exposure to regular guest stays for over four weeks straight	True	False
14. No more than two swimming pools at any location	True	False

### GENERAL LIABILITY

1. All guestrooms have non-slip surfaces in bathtub and bathroom areas	True	False
2. All guest rooms have functioning and operational carbon monoxide detection alarms if required by the law or code of the municipality in which the building is located	True	False
3. No resort activities (to include one or more of the following: rental of cottages or cabins, rental of equipment, providing recreational services, spa services and childcare operations)	True	False
4. Swimming pools are completely surrounded by fence with a self-latching gate, depths are clearly marked, and pool rules clearly posted, life safety equipment is readily available, with no slides or diving boards	True	False

5. Does the pool comply with the Virginia Graeme Baker Pool and Spa Safety Act		True	False
6. Is there an elevator on premises?	NA	Yes	No
If "Yes", is there an elevator maintenance agreement in place?		Yes	No
7. All guestroom doors are equipped with deadbolt locks and peep holes		True	False
8. All common areas and parking lots lit at night	NA	True	False

PROPERTY INFORMATION

1. If you own the building and it is older than 15 years old, please complete the following:  
 Age of roof \_\_\_\_\_yrs.

2. Plumbing type:       PVC               Copper               Lead               Galvanized               Other \_\_\_\_\_

3. Any building over seven stories is 100% sprinklered       N/A               True               False

OPTIONAL COVERAGES

1. Assault & Battery	N/A	\$50,000/\$100,000	\$100,000/\$100,000	
2. Terrorism		Yes	No	
3. Water Back Up	N/A	\$25,000		
4. Hired and Non Owned Auto	N/A	Yes	No	
# of employees	N/A	0-25	26-100	101 or more
Cost to lease, hire or rent vehicles annually?		_____		
Does applicant run MVRs on all employees?	N/A	Yes	No	
5. Employee Benefits Liability				
Limits (each employee/aggregate)	N/A	\$25,000/ \$25,000	\$50,000/ \$50,000	\$100,000 /\$100,000
# of employees _____ (full and part time employees)				
Are all personnel who counsel employees familiar with the details of the insured's program?		N/A	Yes	No
Are all programs in compliance with Cobra requirements?		N/A	Yes	No
For optional employee benefits are rejections, either signed or electronic, required and kept on file?		N/A	Yes	No
6. Employee Dishonesty				
Limits	N/A	\$25,000	\$50,000	
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?		N/A	Yes	No
Is Countersignature Of Checks Required?	N/A	Yes	No	
If Not, Who Signs Controls?	_____			
Frequency of audits and by whom made?	_____			
Any losses within the last 5 years?	_____			
# of employees- full and part time employees _____				
7. Ordinance or Law Coverage (Coverage A, B & C combined)	N/A	\$100,000	\$250,000	\$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	

  

Liability Coverages		None, or provide detail below.		Description
Year	Status	Incurred		
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	
_____	Open/Closed	\$ _____	_____	

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name: \_\_\_\_\_

Telephone/E-mail address: \_\_\_\_\_