

HOTEL/MOTEL SUPPLEMENTAL APPLICATION



Applicant's Name: _____

Agent's Name: _____

Mailing Address: _____

Producer Name: _____

Website Address: _____

Property Locations:
(Location Name, Street Address)

1. _____

Operation: Motel Hotel Number of Rooms: _____ Sales: \$ _____

Room rented by the: Hour Day Week Month

Building Information:

Central station fire alarm? Yes No

Sprinklered? Yes No

Guest room have smoke detectors? Yes No

Doors have peep holes? Yes No

Deadbolt locks? Yes No

Non-slip surfaces in tubs/showers? Yes No

Restaurants on premises? Yes No Sq. Ft. _____

If yes, is restaurant occupied by tenant? _____

Does tenant provide a certificate of insurance and name the applicant as an Additional Insured on their policy? _____

Does tenant carry GL limits equal to or greater than the applicant's? _____

Swimming Pools:

No. of Pools _____

Diving boards: Yes No Slides: Yes No Underwater Lighting: Yes No

Is the pool completely fenced and equipped with a self-latching device? Yes No

Are the depth markings clearly shown? Yes No

Are warning signs and rules posted and clearly visible? Yes No

Is rescue equipment, including a ring buoy and shepherd's hook available at poolside? Yes No

Applicant Signature: _____ **Date:** _____

Producer Signature: _____ **Date:** _____