



## Hotel/Motel Supplemental Questionnaire

APPLICANT	
1. Applicant's Name	
2. Business DBA (if different)	
3. Does the applicant have a national affiliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, with what franchise or brand?	
PROPERTY AND GENERAL INFORMATION	
4. Location Address (street, city, state)	
5. Year Built	
6. Number of Stories	
7. Number of Rooms	
8. Do the building(s) have any of the following:	
Aluminum wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knob and tube wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Pacific/Stab Lok Electrical panel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zinsco electrical panel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do the buildings have sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what percentage?	%
10. Do all elevators on the property have current state inspection certificates and automatic recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is room access interior or exterior?	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior
12. Do all interior stairwells have automatic closing fire doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do all interior corridors have lighted exit signs and emergency lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all rooms have access with changeable electronic keycards only?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do all rooms have a deadbolt and peephole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Do all rooms have smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

17. Do all rooms have carbon monoxide detectors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Do guest rooms have fireplaces?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do guest rooms have balconies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are railing balusters 4" or less wide?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Do guest rooms have kitchenettes?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Do all guest rooms have private bathrooms?		<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Do all baths/showers have non-slip surfaces?		<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are there any hostel-type rooms with unrelated occupants?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are emergency evacuation plans posted in all rooms and hallways?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is the front desk manned 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are the operations seasonal?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what months is the applicant open?		
27. What is the average room rate?		
28. What percentage of guests stay for longer than 4 weeks straight?		%
29. Are any rooms rented for less than 1 full night?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		

### REVENUE INFORMATION

30. Please provide the following information:

Room Rental:		Restaurant/Bar Food and Liquor:	
	Revenue		Revenue
Next 12 months (estimated)	\$	Next 12 months (estimated)	\$
Last 12 months (estimated)	\$	Last 12 months (estimated)	\$
2 <sup>nd</sup> prior year	\$	2 <sup>nd</sup> prior year	\$
3 <sup>rd</sup> prior year	\$	3 <sup>rd</sup> prior year	\$
4 <sup>th</sup> prior year	\$	4 <sup>th</sup> prior year	\$
Liquor:		Other - Describe:	
	Revenue		Revenue
Next 12 months (estimated)	\$	Next 12 months (estimated)	\$
Last 12 months (estimated)	\$	Last 12 months (estimated)	\$
2 <sup>nd</sup> prior year	\$	2 <sup>nd</sup> prior year	\$
3 <sup>rd</sup> prior year	\$	3 <sup>rd</sup> prior year	\$
4 <sup>th</sup> prior year	\$	4 <sup>th</sup> prior year	\$

RESTAURANT INFORMATION			
31. Is there a restaurant and/or bar on site?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it operated by the applicant or leased to a third party?		<input type="checkbox"/> Applicant <input type="checkbox"/> Third Party	
If operated by applicant: please fill out <b>Hospitality Supplemental</b>			
If leased to a third party:			
Is there a written lease agreement in place with indemnification and hold harmless in favor of the applicant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the restaurant carry General Liability and / or Liquor Liability insurance in equal or greater limits to applicant and name applicant as Additional Insured with a Waiver of Subrogation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
AMENITIES INFORMATION			
32. How many pools are on the property?			
If there are pools, do the pools have:			
Lifeguards?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Depth markers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gated entrance with self-locking gates and keycard access?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Water slides, diving boards, diving platforms, or similar equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all pools in compliance with the VGB Pool and Spa Safety Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Does the insured have any equipment offered to guests or available for rental such as bicycles, e-bikes, surf boards/SUP, pool floats, etc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
34. Is there a day spa on premises?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is it owned or leased out to a tenant?		<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
35. Are there any other attractions on the property such as a water park, golf course, or other recreational amenities?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
SECURITY INFORMATION			
36. Does the applicant have security guards on-site?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often?			
Are they employees, independent contractors, or off-duty police?		<input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Off-Duty Police	
Are they armed or unarmed?		<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	
If employees:			
Does the applicant do background checks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If independent contractors:			
Is a written contract in place with the security company providing indemnification and hold harmless in favor of the applicant?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the security company carry General Liability insurance in equal or greater limits to applicant and name applicant as Additional Insured with a Waiver of Subrogation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Are common areas and parking areas under video surveillance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how long is footage kept?		
38. Are entrances other than the main lobby locked from entry or key card entry only from outside with crash bar exit from inside?		<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Are all employees required to undergo training to identify human trafficking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often?		
If yes, what program?		
40. Is the National Human Trafficking Hotline phone number posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OTHER</b>		
41. Does the applicant contract with any city or state government, non-profit organization, or similar groups to provide housing for the homeless, migrants, refugees, or other groups?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Does the applicant offer a shuttle service or other transportation for guests?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
43. Is there any other leased-out space to commercial tenants (LRO)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what types of occupancies?		
Is there a formal lease agreement requiring indemnification and hold harmless in favor of the applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do tenants carry General Liability insurance in equal or greater limits to applicant and name applicant as Additional Insured with a Waiver of Subrogation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## FRAUD NOTICE

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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, PR for Workers Compensation Applicants, RI, TN, UT for Workers Compensation Applicants, VA, VT, WA or WV – see Additional Fraud Notices for these jurisdictions below).

## ADDITIONAL FRAUD NOTICES

**NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS (Does not apply to Commercial Auto Applicants):** 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.

**NOTICE TO NEW YORK APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only):** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS (Does not apply to Workers Compensation Applicants):** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or

both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NOTICE TO TENNESSEE APPLICANTS (Workers Compensation Applicants Only):** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS (Workers Compensation Applicants Only):** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VERMONT APPLICANTS (Does not apply to Commercial Auto Applicants):** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (**Not applicable in North Carolina**). If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

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Applicant Name (Printed)

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Applicant Title

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Applicant Signature\*

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Date

\* ELECTRONIC SIGNATURE AND ACCEPTANCE ☐

**PRODUCER INFORMATION:**

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Producer Name (Printed)

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Producer Signature\*

**\* ELECTRONIC SIGNATURE AND ACCEPTANCE ☐**

\* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.