

Hotels & Motels Supplemental Application

Applicant Name: _____	Date: _____
Location Address: _____	
Web Site: _____	

Business Information:

Years in business : _____ Years of experience in this industry: _____

Are you currently operating under a franchise agreement, if so which company? ☐ Yes ☐ No _____

Any prior bankruptcies or liquidations? ☐ Yes ☐ No

Who is responsible for day to day operations: _____ For how long: _____

Are employees screened: ☐ Yes ☐ No

References: ☐ Yes ☐ No Prior Jobs: ☐ Yes ☐ No

Credit check: ☐ Yes ☐ No Criminal check: ☐ Yes ☐ No

<u>Elderly</u> Clientele (percentages):	<u>Spring Break Crowd</u> _____	<u>Resident Housing</u> _____
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<u>Monthly</u> Room Registration (percentages):	<u>Weekly</u> _____	<u>Daily</u> _____	<u>Hourly</u> _____
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Premises Information:

Number of rooms: _____	Occupancy rate: _____
Average room rate: _____	Hour/Day/Week/Month: _____
Number of buildings at this location: _____	Minimum distance between buildings: _____

When were updates for:	- Electricity: _____ Partial or complete? _____
	- Plumbing: _____ Partial or complete? _____
	- Roofing: _____ Partial or complete? _____
	- HVAC: _____ Partial or complete? _____

Construction type: _____	Number of stories: _____
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Corridor: ☐ Exterior ☐ Interior	Percentage: _____
Are buildings sprinklered? ☐ Yes ☐ No	Hard wired or battery operated? Central station. _____
Are there smoke detectors? ☐ Yes ☐ No	local or pull alarms? _____
Are there fire alarms? ☐ Yes ☐ No	Describe: _____
Is there aluminum wiring on premises? ☐ Yes ☐ No	Describe: _____
Is the aluminum wiring repaired? ☐ Yes ☐ No	
Clearly marked fire exits? ☐ Yes ☐ No	
Emergency lighting in common areas? ☐ Yes ☐ No	Secondary means of egress for each floor? ☐ Yes ☐ No
Dead bolt locks on doors to units? ☐ Yes ☐ No	Are the locks re-keyed after occupancy? ☐ Yes ☐ No
Are there elevators? ☐ Yes ☐ No	Do you have an agreement with elevator company? ☐ Yes ☐ No
Is there a parking lot located on premises? ☐ Yes ☐ No	



Is there a parking lot located on premises?	☐ Yes	☐ No
Is the parking lot owned, operated & maintained by applicants? What is the size of the parking lot?	☐ Yes	☐ No
Is there a valet parking service?	☐ Yes	☐ No
Is the valet parking provided by an independent service company?	☐ Yes	☐ No
Is the valet service required to maintain indemnity insurance?	☐ Yes	☐ No
	☐	☐

Pools: ☐ Check here if no Pools

How many swimming pools?			
Are there any hot tubs?	☐ Yes	☐ No	Is there an automatic shut-off? ☐ Yes ☐ No
Do pools have self-latching doors or gates?	☐ Yes	☐ No	
Are there any diving boards or slides?	☐ Yes	☐ No	Describe:
Are there lifeguards on duty?	☐ Yes	☐ No	How often?
Is there rescue equipment such as a ring buoy, shepherd's hook or pole?	☐ Yes	☐ No	
Are pool depths adequately marked?	☐ Yes	☐ No	
Are pool chemicals properly stored?	☐ Yes	☐ No	

Recreational Facilities: ☐ Check here if no Recreational Facilities

Is there a playground?	☐ Yes	☐ No	Is it fenced? ☐ Yes ☐ No
Are there any lakes, ponds or boat slips?	☐ Yes	☐ No	Describe:
Are there any exercise facilities?	☐ Yes	☐ No	Describe:
Are there any daycare services?	☐ Yes	☐ No	Describe:
Are there any tennis, basketball or racquetball courts?	☐ Yes	☐ No	Describe:
Are there any saunas?	☐ Yes	☐ No	Describe:
Are there any recreational equipment rentals/checkouts?	☐ Yes	☐ No	Describe:

Restaurant/Cooking Exposure: ☐ Check here if no Cooking Exposure

Any sub-contracted cooking facilities?	☐ Yes	☐ No	Is indemnity ins. required? ☐ Yes ☐ No
Type of cooking - Deep Fat Fryers?	☐ Yes	☐ No	- Grill/BBQ Pit? ☐ Yes ☐ No
- Griddles?	☐ Yes	☐ No	
Does establishment serve any raw seafood?	☐ Yes	☐ No	Describe:
Are there any banquet facilities?	☐ Yes	☐ No	Square footage:
			Maximum occupancy:
Any off-premises catering?	☐ Yes	☐ No	Describe:



Is there an automatic suppression system overall cooking surfaces?	☐ Yes	☐ No	Is there an automatic shut-off?	☐ Yes	☐ No
Is there an independent cleaning contract for hoods & ducts?	☐ Yes	☐ No	How often is system cleaned?		
Have there been any Health Dept. violations?	☐ Yes	☐ No	Describe:		

Liquor Liability: ☐ Check here if no Liquor is sold or furnished

Have you ever had your liquor license revoked or suspended?	☐ Yes	☐ No	Describe:
Have you ever had any prior liquor citations or law violations?	☐ Yes	☐ No	Describe:
In the last 5 years, have you had any liquor or dram liability claims?	☐ Yes	☐ No	Describe:
Do all servers receive formal Alcohol Awareness training?	☐ Yes	☐ No	Describe:
Do you sponsor any drink specials (i.e., 2-for-1, ladies' night, etc.)?	☐ Yes	☐ No	Describe:
Do you have any package sales?	☐ Yes	☐ No	Describe:
Do you have any drive-thru facilities?	☐ Yes	☐ No	Describe:
Do you admit anyone under 21?	☐ Yes	☐ No	Describe:

Age of clientele (percentages):	<u>Under 21</u>	<u>21 thru 30</u>	<u>31 thru 40</u>	<u>Over 40</u>

Are patrons allowed to bring in their own alcoholic beverages?	☐ Yes	☐ No
Are you open later than other establishments in the area?	☐ Yes	☐ No
Do you provide cab service or have a designated driver program?	☐ Yes	☐ No
Is there any off-premises liquor catering?	☐ Yes	☐ No

Bar/Lounge: ☐ Check here if no Bar/Lounge

Hours of operation:	<u>Mon. – Thu.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>

Is there a dance floor?	☐ Yes	☐ No	Sq. footage:	
Are there any mechanical devices?	☐ Yes	☐ No	Describe:	
Are there any gambling devices or tables?	☐ Yes	☐ No	Describe:	
Are there any pool or billiards tables?	☐ Yes	☐ No	Describe:	
Are there any athletic events?	☐ Yes	☐ No	Describe:	
Are there any promotional events (such as Teen Night, Wet T-Shirt or Foam Contests)?	☐ Yes	☐ No	Describe:	
Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)?	☐ Yes	☐ No	Describe:	
Other special or promotional activities?	☐ Yes	☐ No	Describe:	

Crime Incidents on Premises: ☐ Check here if none

Have the police, or any emergency service provider, been called to the premises in the past three (3) years? ☐ Yes ☐ No

If yes, provide details on incident(s), include in attachment if necessary.



LIVE Entertainment: ☐ Check here if no LIVE Entertainment

Is there a DJ or karaoke?	☐ Yes	☐ No	Describe:	_____
Is there any topless or Go-Go dancing?	☐ Yes	☐ No	Describe:	_____
Are there any comedians or stand-up entertainers?	☐ Yes	☐ No	Describe:	_____
Any live performers: - Country?	☐ Yes	☐ No	No. nights per week:	_____
- Piano/Solo Acts?	☐ Yes	☐ No	No. nights per week:	_____
- Rock/Disco?	☐ Yes	☐ No	No. nights per week:	_____
- Other?	☐ Yes	☐ No	No. nights per week:	_____
Are there any national known performers?	☐ Yes	☐ No	Describe:	_____
Are there any promoters?	☐ Yes	☐ No	Describe:	_____
Any special effects: - Lighting/Sound?	☐ Yes	☐ No		
- Smoke?	☐ Yes	☐ No		
- Pyrotechnics?	☐ Yes	☐ No		
Other live entertainment?	☐ Yes	☐ No	Describe:	_____

Security: ☐ Check here if no Security

Are there any employee bouncers?	☐ Yes	☐ No	Are they armed?	_____
Are there any security guards?	☐ Yes	☐ No	Are they armed?	_____
Are there any third-party bouncers or security guards?	☐ Yes	☐ No	Are they armed?	_____
Are there any off-duty uniformed policemen?	☐ Yes	☐ No	Are they armed?	_____
Are there any ID checkers?	☐ Yes	☐ No	Describe:	_____
Are there any weapons on premises?	☐ Yes	☐ No	Describe:	_____

Gross Receipts:

<u>Hotel Operations</u>		<u>Bar/Lounge</u>		<u>Restaurant</u>	
Sales/receipts	_____	Food	_____	Food	_____
Rentals	_____	Liquor	_____	Liquor	_____
Other	_____	Catering	_____	Catering	_____
Total	=====	Total	=====	Total	=====



Hired & Non-Owned Auto: ☐ Check here if not requested

Do you verify each employee driving for business purposes has a valid government issued driver's license and carries sufficient personal insurance in accordance with minimum state insurance requirements? ☐ Yes ☐ No

Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions? ☐ Yes ☐ No

Do you provide off-site catering or delivery services? ☐ Yes ☐ No

Have you had any hired and non-owned auto losses in the past 5 years? ☐ Yes ☐ No Please attach detailed list of losses.

Do you provide guest shuttle services? ☐ Yes ☐ No

Number of employees —

Representation & Warranty Statement:

I certify that I have reviewed this Application and that all information provided is true, accurate, and complete. I understand that Klein Risk relies on this information when considering issuance of an insurance policy, and that any omission or misstatement may affect coverage.

Fraud Warning: Knowingly providing false, misleading, or incomplete information in an insurance application or claim is a crime and may result in civil penalties up to five thousand dollars plus the value of the claim.

Applicant: _____ **Title:** _____ **Date:** _____