



## **HOTEL/MOTEL SUPPLEMENTAL APPLICATION**

Applicant: \_\_\_\_\_ Effective Date \_\_\_\_\_

Property Location: \_\_\_\_\_

Agency contacts \_\_\_\_\_ Phone # \_\_\_\_\_

Website: \_\_\_\_\_

### **Location Information**

Exposing body of water: \_\_\_\_\_

Distance to Ocean: \_\_\_\_\_

What is between building/s and water: \_\_\_\_\_

Snow Removal contracted out?  Yes  No

**If yes, please attach copy of contract with snow removal contractor.**

If yes, are certificates of insurance obtained  Yes  No

What preventive measures are taken to prevent water damage from pipes? \_\_\_\_\_

\_\_\_\_\_

List any affiliations with Vacation Clubs or major Hotel chains: \_\_\_\_\_

\_\_\_\_\_



**Building Information**

Total number of Buildings \_\_\_\_\_ Year Built \_\_\_\_\_ Year Renovated \_\_\_\_\_

Renovation details \_\_\_\_\_

Building	Sq Ft	TIV	# Stories	# Rooms	Construction Type
1					
2					
3					
4					
<b>TOTAL</b>					

	Yes	No	
Balconies	<input type="checkbox"/>	<input type="checkbox"/>	Railings: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete
Fireplace/Woodstove	<input type="checkbox"/>	<input type="checkbox"/>	If yes, gas or wood?
Window Shutters	<input type="checkbox"/>	<input type="checkbox"/>	
Door Shutters	<input type="checkbox"/>	<input type="checkbox"/>	
Aluminum Wiring	<input type="checkbox"/>	<input type="checkbox"/>	
Pools	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
If yes, lifeguard on duty?	<input type="checkbox"/>	<input type="checkbox"/>	
Sauna/Hot Tub/Steamroom?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Private Beach	<input type="checkbox"/>	<input type="checkbox"/>	
Playground	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Basketball Court	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Racquet Court	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Gym	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	Type/s: _____
Bar	<input type="checkbox"/>	<input type="checkbox"/>	
Docks/Slips	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many _____
Other insurance provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Security Guards	<input type="checkbox"/>	<input type="checkbox"/>	



**Pictures: Required, please attach to supplemental.**

**Loss Information**

In addition to the Loss Runs, list any Wind, Water or Slip/Fall Claims in the past 5 years. What measures were taken after the loss?

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**Applicant Signature**

**I declare that the information submitted herein on pages 1 - 3 is true to the best of my knowledge, and that no material facts have been suppressed or misstated. I understand that an incorrect or incomplete statement could void my coverage.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name \_\_\_\_\_ Title \_\_\_\_\_

**THE COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE. THIS APPLICATION IS SUBJECT TO THE UNDERWRITING RULES OF THE COMPANY.**