

AmWINS Access Insurance Services Hotel/Motel Supplement

COMPLETE IN ADDITION TO ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT INFORMATION

NAME:

BUSINESS INFORMATION

1. Years in business: _____ Years of experience in this industry: _____
2. Who is responsible for day to day operations? _____
a. For how long: _____
3. Are employees screened? Yes No
 - a. References? Yes No
 - b. Prior Jobs? Yes No
 - c. Credit check? Yes No
 - d. Criminal check? Yes No
4. Number of employees: _____
5. Percentage of Clientele:
Elderly _____% Spring Break Crowd _____% Resident Housing _____%
6. Percentage of Room Registration:
Monthly _____% Weekly _____% Daily _____% Hourly _____%]

PREMISES INFORMATION

7. Number of rooms: _____ Average room charge: \$ _____ Average occupancy rate: _____%
Room rentals by the: Hour Day Week Month Other: _____
8. Number of buildings at this location: _____ Minimum distance between buildings: _____
9. Are buildings sprinklered? Yes No
a. If **Yes**, percentage: _____%
10. Are there smoke detectors? Yes No
a. Hard wired or battery operated? _____
11. Are there fire alarms? Yes No
a. Central station, local or pull alarms? _____
12. Is there aluminum wiring on premises? Yes No
a. If **Yes**, describe: _____
13. Clearly marked fire exits? Yes No
14. Secondary means of egress for each floor? Yes No
15. Emergency lighting in common areas? Yes No
16. Dead bolt locks on doors to units? Yes No
a. Are the locks re-keyed after occupancy? Yes No
17. Are there elevators? Yes No
a. Do you have an agreement with the elevator company? Yes No
18. Is there a parking lot located on premises? Yes No
a. Is the parking lot owned, operated & maintained by applicant? Yes No
b. What size is the parking lot? _____
19. Is there a valet parking service? Yes No
a. Is the valet parking provided by an independent service company? Yes No
b. Is the valet service required to maintain indemnity insurance? Yes No

POOLS

- Check here if no Pools:
20. How many swimming pools? _____
 21. Are there any hot tubs? Yes No
a. Is there an automatic shut-off? Yes No
 22. Do pools have self-latching doors or gates? Yes No
 23. Are there any diving boards or slides? Yes No
If **Yes**, describe: _____
 24. Are there lifeguards on duty? Yes No
If **Yes**, how often: _____
 25. Is there rescue equipment such as a ring buoy, shepherds hook or pole? Yes No
 26. Are pool depths adequately marked? Yes No
 27. Are pool chemicals properly stored? Yes No

RECREATIONAL FACILITIES

Check here is no Recreational Facilities:

- 28. Is there a playground? Yes No
If **Yes**, is it fenced? Yes No
- 29. Are there any lakes, ponds or boat slips? Yes No
If **Yes**, describe: _____
- 30. Are there any exercise facilities? Yes No
If **Yes**, describe: _____
- 31. Are there any daycare services? Yes No
If **Yes**, describe: _____
- 32. Are there any tennis, basketball or racquetball courts? Yes No
If **Yes**, describe: _____
- 33. Are there any saunas? Yes No
If **Yes**, describe: _____
- 34. Are there any recreational equipment rentals/checkouts? Yes No
If **Yes**, describe: _____

RESTAURANT/COOKING EXPOSURE

Check here if no Cooking Exposure:

- 35. Any sub-contracted cooking facilities? Yes No
- 36. Is indemnity insurance required? Yes No
- 37. Type of cooking:
 Deep Fat Fryers Griddles Grill/BBQ pit
- 38. Does establishment serve any raw seafood? Yes No
If **Yes**, describe: _____
- 39. Are there any banquet facilities? Yes No
If **Yes**: Square footage: _____ Maximum occupancy: _____
- 40. Any off-premises catering? Yes No
If **Yes**, describe: _____
- 41. Is there an automatic suppression system over all cooking services? Yes No
a. Is there an automatic shut-off? Yes No
- 42. Is there an independent cleaning contract for hoods and ducts? Yes No
a. If **Yes**, how often is system cleaned? _____
- 43. Have there been any Health Department violations? Yes No
If **Yes**, describe: _____

LIQUOR LIABILITY

Check here if no Liquor is sold or furnished:

- 44. Have you ever had your liquor license revoked or suspended? Yes No
If **Yes**, describe: _____
- 45. Have you ever had any prior liquor citations or law violations? Yes No
If **Yes**, describe: _____
- 46. In the last 5 years, have you had any liquor or dram liability claims? Yes No
If **Yes**, describe: _____
- 47. Do all servers receive formal Alcohol Awareness training? Yes No
If **Yes**, describe: _____
- 48. Do you sponsor any drink specials (i.e., 2-for-1, ladies night, etc.)? Yes No
If **Yes**, describe: _____
- 49. Do you have any package sales? Yes No
If **Yes**, describe: _____
- 50. Do you have any drive-thru facilities? Yes No
If **Yes**, describe: _____
- 51. Do you admit anyone under 21? Yes No
If **Yes**, describe: _____
- 52. Age of Clientele (percentage):
Under 21: _____% 21-30: _____% 31-40: _____% Over 40: _____%
- 53. Are patrons allowed to bring in their own alcoholic beverages? Yes No
- 54. Are you open later than other establishments in the area? Yes No
- 55. Do you provide cab service or have a designated driver program? Yes No
- 56. Is there any off-premises liquor catering? Yes No

BAR/LOUNGE

Check here if no Bar/Lounge:

- 57. Hours of operation:

Monday- Thursday	Friday	Saturday	Sunday
- 58. Is there a dance floor? Yes No
Square footage: _____
- 59. Are there any mechanical devices? Yes No
If **Yes**, describe: _____
- 60. Are there any gambling devices or tables? Yes No
If **Yes**, describe: _____

61. Are there any pool or billiard tables? Yes No
If Yes, describe: _____
62. Are there any athletic events? Yes No
If Yes, describe: _____
63. Are there any promotional events (such as Teen night, Wet T-shirt or Foam Contests)? Yes No
If Yes, describe: _____
64. Are there any special activities (such as mud wrestling, bungee jumping, Velcro suits or mosh pits)? Yes No
If Yes, describe: _____
65. Other special or promotional activities? Yes No
If Yes, describe: _____

LIVE ENTERTAINMENT

Check here if no Live Entertainment:

66. Check all that apply:
 Comedians/Stand-up entertainers Go-Go Dancers Topless Dancers
 DJ Karaoke Other: _____
67. Any live performers? Yes No
If Yes:
a. Country? Yes No
Number of nights per week: _____
b. Piano/Solo Acts? Yes No
Number of nights per week: _____
c. Rock/Disco? Yes No
Number of nights per week: _____
d. Other: _____
Number of nights per week: _____
68. Are there any national known performers? Yes No
If Yes, describe: _____
69. Are there any promoters? Yes No
If Yes, describe: _____
70. Any special effects? Yes No
a. Lighting/sound? Yes No
b. Smoke? Yes No
c. Pyrotechnics? Yes No
If Yes, describe: _____

SECURITY

Check here if no Security:

71. Are there any employee bouncers? Yes No
If Yes, are they armed? Yes No
72. Are there any security guards? Yes No
If Yes, are they armed? Yes No
73. Are there any third-party bouncers or security guards? Yes No
If Yes, are they armed? Yes No
74. Are there any off-duty uniformed policemen? Yes No
If Yes, are they armed? Yes No
75. Are there any ID checkers? Yes No
If Yes, explain: _____
76. Are there any weapons on premises? Yes No
If Yes, explain: _____

GROSS RECEIPTS

77.	Hotel Operations	Bar/Lounge	Restaurant
Sales/Receipts: \$	_____	Food \$	_____
Rentals: \$	_____	Liquor \$	_____
Other: \$	_____	Catering \$	_____
Total: \$	_____	Total \$	_____

HIRED & NON-OWNED AUTO

Check here if not requested:

78. 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
79. Do you prohibit business driving rights for any individual with prior incidence of license suspensions, revocations or DUI convictions? Yes No
80. Do you provide off-site catering or delivery services? Yes No
81. Have you had any hired and non-owned auto losses in the last 5 years? Yes No
82. Do you provide guest shuttle services? Yes No

APPLICANT'S WARRANTY STATEMENT

I warrant that the information in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in the Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

FRAUD STATEMENT

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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant _____ Title: _____ Date: _____

The undersigned hereby warrants and certifies that all information contained herein is correct; that this form was completed and then signed by the Applicant; that a completed copy hereof has been given to the Applicant ; and that the undersigned is retaining a duplicate signed copy hereof.

Signature of Retail Agent _____ Date: _____