

HOTEL/MOTEL SUPPLEMENTAL APPLICATION

Named Insured

GENERAL

Number of buildings _____

Comments: _____

Number of stories per building _____

Comments: _____

Number of units _____

Comments: _____

Seasonal Operations Yes No

Comments: _____

Occupancy Rate _____

Comments: _____

Average Room Rate _____

Comments: _____

Recreation room Yes No

Comments: _____

Fitness Room Yes No

Comments: _____

Personal Services Yes No

Comments: _____

PROPERTY

Does the property have any of the following:

Fire Alarm System Yes No

Type: _____

Does each room have a direct means of egress Yes No

Smoke Detectors Yes No

Type: _____

Kitchenettes Yes No

Number of Units: _____

Wood Burning Stoves Yes No

Number of Units: _____

Hot Tub/Jacuzzi Yes No

GENERAL LIABILITY

Emergency Lighting Yes No

Number of Elevators Yes No

Passenger or Freight? _____

Marked/illuminated exits Yes No

Cooling system Yes No

Type: _____

Heating system Yes No

Type: _____

Enclosed Interior Stairways Yes No

Evacuation Plan Yes No

Formal: Yes No

Swimming Pool Yes No

How Many? _____

Fenced Yes No

Diving Board/Slide Yes No

Self-Locking Gates Yes No

Depths Marked Yes No

Restaurant	Yes	No	Who operates? _____		
Transporting Guests?	Yes	No			
Banquet Room	Yes	No	Rented to Others?	Yes	No

GENERAL LIABILITY

Peephole in Rooms	Yes	No			
Deadbolt Locks	Yes	No			
Secondary Locking Device	Yes	No			
Employee Checks	Yes	No	Background/References: _____		
Private Security	Yes	No			
Patrols	Yes	No			
Employees	Yes	No			
Subcontracted	Yes	No	Certificates Obtained?	Yes	No
TV Monitors	Yes	No			
Parking Areas Well-Lighted	Yes	No			
Type of Keys	Yes	No	Computer Generated?	Yes	No
Rekeying Performed	Yes	No	How Often? _____		
Room Number/Hotel Name Listed on Key	Yes	No			

COMMENTS:

Completed By: _____

Date Completed: _____

**Please fax or email completed application to:
Steven Wasylikiw
(619) 593-2008 • Steven@CIDInsurance.com**