



HOTEL / MOTEL
SUPPLEMENTAL APPLICATION

ALL APPLICANTS (EXCEPT VIRGINIA): BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY OR COLONY SPECIALTY INSURANCE COMPANY, A LICENSED INSURER.
VIRGINIA APPLICANTS: BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER COLONY SPECIALTY INSURANCE COMPANY, AN AUTHORIZED SURPLUS LINES INSURER OR ARGONAUT INSURANCE COMPANY OR COLONY INSURANCE COMPANY, A LICENSED INSURER.

Applicant / First Named Insured: _____

Address: _____

Website: _____

Policy Number: _____ Effective Date: _____

GENERAL INFORMATION

- 1. Year Built: _____ # of Buildings: _____
- 2. Square Footage: _____ Height: _____
- 3. # of Units: _____ Type of Wiring: Copper Aluminum Pig-Tailed
- 4. Construction: _____ Protection Class: _____
- 5. Indicate the Year for any update made: Heating _____ Roof _____ Plumbing _____
Wiring _____ Parking Areas _____
- 6. Average Room Rate \$ _____ Average occupancy rate _____ %
- 7. Is this a seasonal occupancy? Yes No
- 8. Rooms open to: Outside Interior Hallway
- 9. Number of years in business: _____
- 10. Who manages the hotel? Owner Operated Hired Management
- 11. Number of years of management experience: _____
- 12. If hired management, is applicant named additional insured with a hold harmless on the manager's policy? Yes No
- 13. Are any rooms rented for a period of less than 24 hours? Yes No
- 14. Gross Annual Sales: Hotel (excluding food/liquor) \$ _____
Food \$ _____
Liquor \$ _____
Other \$ _____

FIRE/SAFETY

- 1. Are sprinklers installed in the buildings? Yes No If "Yes", what percentage? _____ %
a. Common areas only? Yes No
b. Garage only? Yes No
- 2. Is there a central fire alarm or local fire alarm? Yes No

3. Are there smoke detectors in all units? Yes No
 a. How often are they checked? _____
 b. Are the smoke detectors: hardwired battery operated
4. Are there cooking facilities in rooms? Yes No
 If "Yes", describe: _____
5. Is there emergency lighting? Yes No
6. Is there an elevator? Yes No
 a. Number of elevators? _____
 b. Is there an elevator maintenance agreement in effect naming the applicant as additional insured with a hold harmless? Yes No
7. Are tub surfaces non-skid? Yes No

SECURITY

1. Is security provided? Yes No
 If "Yes", what type? Guards Cameras
2. If there are security guards present, please answer the following questions:
 a. Are the guards: Armed Unarmed
 b. Are the guards: Employees Independent Contractors Off duty police
3. If independent contractors, please answer the following questions:
 a. Are Certificates of Insurance obtained? Yes No
 b. Is applicant named additional insured with a hold harmless on security's policy? Yes No
 c. Are criminal checks done on employees? Yes No
4. Are there electronic locks with card keys on room doors? Yes No
5. Are sliding doors equipped with additional locks? Yes No
6. Do room doors have peepholes and deadbolts? Yes No
7. Have there been any previous incidents of physical or sexual assault? Yes No

If "Yes", please explain:

MAINTENANCE

1. Is maintenance, landscaping, or snow removal performed by: Employees Sub-contractors
2. If Sub-contractor, check if applicable: Certificates of Insurance are obtained
 Applicant is named additional insured with a hold harmless on sub-contractor's policy

SWIMMING POOL Check here if not applicable

1. # of Pools: _____
2. Pool Depth: _____ Depth Markings Yes No
3. Is the pool area fenced from all units? Yes No
4. Are there gates to the pool self-closing? Yes No
5. Is there a Diving Board or Slide? Yes No
 If "Yes", how many? _____
6. Is there a Children's Pool? Yes No
7. Are Rules posted? Yes No
7. Is Lifesaving Equipment available? Yes No

8. Is there a Lifeguard? Yes No
- a. If "Yes", are Lifeguards: Employees Sub-contractors
- b. If sub-contractors, are Certificates of Insurance obtained? Yes No

OTHER RECREATIONAL FACILITIES Check here if not applicable

Check all that apply and describe below.

- Sauna/Spa Massage Therapist Bathing Beaches Jacuzzi # of _____
- Playground Fitness Center Jogging Trails Tanning Beds # of _____
- Tennis Courts # of _____ Other (describe) _____

Describe:

1. If there are Massage Therapists, are they: Employees Sub-contractors
- If a sub-contractor, is applicant named additional insured with a hold harmless on sub-contractor's policy? Yes No
2. If there is a Spa is it: Managed by the applicant Run by a sub-contractor Square footage: _____
- If leased, is applicant named additional insured with a hold harmless on the spa's policy? Yes No
3. Does applicant provide or rent bicycles, watercraft or other equipment for guests' use? Yes No

RESTAURANT/BAR/MERCANTILE Check here if not applicable

1. Is there a Restaurant? Yes No
- a. Is it: Owner operated Leased to others
- b. If leased to others, is applicant named additional insured with a hold harmless on tenant's policy? Yes No
- c. What is the square footage? _____
- d. Is there an Ansul System? Yes No
2. Is there a Bar? Yes No
- a. Is it: Owner operated Leased to others
- b. If leased to others, is applicant named additional insured with a hold harmless on tenant's policy? Yes No
- c. What is the square footage? _____
- d. Is entertainment provided in bar? Yes No
- e. Is there a dance floor? Yes No
- f. Is there an Ansul System? Yes No
3. Is there any Mercantile facilities? Yes No
- a. Is it: Owner operated Leased to others
- b. If leased to others, is applicant named additional insured with a hold harmless on tenant's policy? Yes No
- c. What is the square footage? _____

TRANSPORTATION/VALET SERVICES Check here if not applicable

1. Is Transportation provided for guests? Yes No

2. If "Yes", provide the following:

	# of Private Passenger Vehicles	Seating Capacity	Radius of Operation	Frequency of Travel
Light Vans				
Medium Vans				

3. Is Valet Parking provided? Yes No

If "Yes", by whom: Applicant Sub-contractor

If sub-contracted, is applicant named additional insured with a hold harmless on sub-contractor's policy? Yes No

FRAUD WARNING (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE