



Application for Hotel/Motel Supplemental Questionnaire

(Complete in addition to Accord application)

Answer all questions - If they do not apply, indicate not applicable (N/A)

Hospitality Insurance Provide
A subsidiary of Affiliated Insurance Agency, Inc., St. Louis,

Applicant's Name: _____

Mailing Address: _____

Applicant is: Corporation Partnership Joint Venture Other

Agent's Name: _____

Agents Address: _____

Proposed Effective Date: From: _____ To: _____

Property Locations: (Location Name, Street Address, City, County, State and Zip Code):

A. Fire Protection: Sprinklers? _____ All Rooms? _____ Common Areas Only? _____

Smoke Detectors in each unit? _____ Hard Wired or Battery? _____

Fire Extinguishers in common areas? _____ Separation between buildings? _____

B. Security: Is Security Provided? _____ **What Type?** Patrol _____ Gates Access _____ Alarm Systems _____

1. If **Patrol**, please answer the following questions:

Armed or unarmed? _____ Days of week: _____ 24 hour security? _____

Independent contractor or employee? _____ If employee, what is the payroll? _____

2. If **Gated**, please answer the following questions:

Is the entire hotel/motel complex gated? _____ How is access obtained? _____

Who is given access? _____

3. If **Alarm Systems** are provided, please answer the following questions:

Are alarm systems in every hallway? _____ Who monitors the alarms? _____

C. Description of Locations**Location #1****C. Description of Locations (continued)****Location #1**

Years owned by insured _____

Copper or aluminum wiring? _____

*Type of occupancy _____

Fire walls separating buildings? _____

Type of construction _____

Any wood shake shingle roofs? _____

Year built _____

Percentage occupied _____

Number of stories _____

Any fences? _____

Number of total rooms _____

Protection class _____

Number of buildings _____

Is building retirement/elderly facility? _____

Total square feet _____

If Yes, any medical assistance offered? _____

Daily room rate _____

If Yes, any emergency pull cords? _____

*Use alpha code listed for type of occupancy.

A = Hotel
B = Motel
C = Time Share

If less than 3 stories, are interior stairways equipped with self closing/locking fire doors on each floor? _____

D. Renovations and most recent updates (enter Year and Type of update)

Roof _____

Plumbing _____

HVAC _____

Electric _____

Other _____

E. Swimming Pools**Location #1** Are there diving boards? Yes No If yes, what height? _____Are there slides? Yes No Underwater Lighting? Yes NoSteps into the shallow end with handrails? Yes NoIs the pool area completely surrounded by building walls or fence? Yes No If yes, what height? _____Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes NoAre the depth markings clearly shown? Yes No

Are the warning signs and rules posted clearly and visible? Yes No

Is rescue equipment, including a ring buoy and 12 foot pole or shepherd's hook available at pool side? Yes No

Is the pool maintained by applicant or outside contractor? Applicant Outside Contractor

Are lifeguards provided by applicant or outside pool management company? Applicant Pool Mgt. Company

F. Other Recreational Exposures

Number of: Playgrounds: _____ Tennis Courts: _____ Racquetball Courts: _____ Basketball Courts: _____

Volleyball Courts: _____ Baseball Fields: _____ Acres of Lakes/Ponds: _____ Boat Slips: _____

Other: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Fraud Statement

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, conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant: _____

Signature: _____

Date: _____

Please note: Once coverage is bound, and the certificates have been issued, the policy cannot be canceled.

**Please complete this form, print, and fax to HIP at: 636 530 1947
or mail to: 14567 N. Outer 40 Road, Suite 125, Chesterfield, MO 63017**