AGENCY CUSTOMER ID: _____

LOC #: _____

HOTEL / MOTEL SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED / APPLICANT

LOCATION OF PROPERTY (Complete this supplement for each applicable location)

STREET:

CITY: STATE:

COUNTY: ZIP:

NO. OF GUEST ROOMS:	AVERAGE OCC RATE: %	MAXIMUM OCC (GUESTS):

CHECK ALL THAT APPLY

- ☐ HOTEL / MOTEL
- ☐ BED & BREAKFAST INN
- ☐

GENERAL INFORMATION

EXPLAIN ALL "NO" RESPONSES, UNLESS STATED OTHERWISE	Y / N
1. DOES THE APPLICANT HOST BUSINESS MEETINGS, CONFERENCES OR TRADE SHOWS? (If "YES", provide the following)	
2. IS THE PARKING LOT IN GOOD CONDITION AND WELL LIGHTED?	
3. DOES THE BUSINESS CONTRACT WITH A PEST CONTROL SERVICE?	
4. ARE THE INSURED'S HEATING, REFRIGERATION AND AIR CONDITIONING SYSTEMS REGULARLY CHECKED? (If "YES", how often?)	
5. IS THE STRUCTURE IN COMPLIANCE WITH (NATIONAL FIRE PROTECTION ASSOCIATION) NFPA 13 AND NFPA 101?	
6. ARE ALL ROOMS EQUIPPED WITH SMOKE DETECTORS?	
7. ARE ALL ROOMS EQUIPPED WITH SPRINKLERS?	
8. ARE THERE SPECIAL SMOKE OR FIRE ALARM DEVICES IN ROOMS FOR HEARING IMPAIRED GUESTS?	
9. ARE FIRE SAFETY MESSAGES POSTED IN ALL ROOMS?	
10. IS THERE AN EMERGENCY EVACUATION PLAN IN PLACE?	
11. ARE THERE SUFFICIENT AND WELL-ILLUMINATED FIRE EXITS?	
12. DO FIRE EXITS HAVE EMERGENCY LIGHTING?	
13. DO HALLWAYS HAVE EMERGENCY LIGHTING?	
14. DO INDIVIDUAL GUEST ROOMS HAVE BALCONIES? (If "YES", describe)	
15. ARE BALCONY PLATFORMS AND RAILINGS REGULARLY INSPECTED FOR STRUCTURAL INTEGRITY AND STRENGTH? (If "YES", how often?)	

# OF MEETING ROOMS	MAXIMUM OCC (largest attendee count)	# OF EVENTS PER YEAR

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AGENCY CUSTOMER ID: _____ LOC #: _____

GENERAL INFORMATION (continued)

EXPLAIN ALL "NO" RESPONSES, UNLESS STATED OTHERWISE	Y / N
16. DO SECURITY PERSONNEL CARRY GUNS? (If "YES", describe training procedures)	
17. ARE EMPLOYEES TRAINED IN FIRST AID? (No explanation needed)	
18. ARE THE ELEVATORS AND/OR ESCALATORS INSPECTED REGULARLY? (If "YES", how often?)	
19. ARE LAUNDRY FACILITIES PROVIDED? (If "YES", describe)	
20. DOES THE INSURED ALLOW GUESTS TO STORE VALUABLES IN THE HOTEL SAFE? (No explanation needed)	
21. ARE ALL ENTRANCES LOCKED OR MONITORED AT NIGHT?	
22. ARE THERE ANY FACILITIES THAT WILL DRAW CROWDS TO THE UPPER FLOORS? (If "YES", describe)	
23. DOES THE INSURED HAVE A POLICY OF PROVIDING ALTERNATE ACCOMMODATIONS? (If "YES", describe)	
24. ANY SPECIAL FACILITIES OR AMENITIES OFFERRED? INCLUDING BUT NOT LIMITED TO: DAY CARE, FITNESS, SWIMMING, HORSES, SCUBA, FISHING, BOATING, BALLOONING, etc. (If "YES", describe)	

BED & BREAKFAST INFORMATION ONLY

NAME OF INN:		
CLEANING SOLVENTS STORAGE LOCATION:		CLEANING SOLVENT CABINET LOCKED OR STORED OUT OF REACH OF CHILDREN

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES THE INN OWNER RESIDE ELSEWHERE; OR IS THE INN OPERATED BY SOMEONE OTHER THAN THE OWNER? (If "YES", provide name and experience of operator)	

FOOD SERVICE INFORMATION ONLY

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. IS FOOD SERVED? (vending machines not applicable) (If "YES", complete the remainder of this section)	
2. DOES FOOD PREPARATION INVOLVE COOKING? (If "YES", complete ACORD 185)	
3. ARE PREPARATION AND SANITATION PROCEDURES FOLLOWED TO PREVENT FOOD BORNE ILLNESS?	

CHECK ALL THAT APPLY

	CONTINENTAL BREAKFAST		SELF SERVICE		RE-HEATING PRE-COOKED FOOD		FOOD SERVICE - NUMBER OF TABLES: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached for any remarks)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.