HOTEL / MOTEL SUPPLEMENTAL APPLICATION

1. Named Insured: ________________________________________________________________
   Website Address: ______________________________________________________________

2. Check all that apply: □ Hotel □ Motel □ Inn □ Bed & Breakfast □ Extended Stay
   □ Other: __________________________

3. Total number of rooms: ______________
   Number of stories: ______________
   What is the average nightly percentage of occupancy? ______________
   Average per night rate? ______________
   Any rooms rented for period less than 24 hours? □ Yes □ No
   If yes, explain: ________________________________________________________________
   Any rooms rented by the week or the month? □ Yes □ No
   If yes, what is the percentage of receipts associated with long-term weekly/monthly rentals? ______________
   Are all rooms entered and inspected on a weekly basis regardless of occupancy? □ Yes □ No
   In Rental Agreement, does it state that you have the right to enter a room at any time? □ Yes □ No
   Total Room Rental Receipts: $ ______________
   Total Restaurant Receipts: $ ______________
   Restaurant Liquor Receipts: $ ______________

4. Are any rooms directly accessed from the exterior of the building? □ Yes □ No

5. Are your facilities in compliance with ADA requirements? □ Yes □ No

6. Are cooking facilities provided in guest rooms? □ Yes □ No

7. If On-Site Restaurant or Bar Exposure: □ Insured Owned/Operated* □ Leased To Others**
   *If insured owned/operated, please complete Restaurant Supplemental Application.
   **If leased:
   a. Is there an operational automatic Extinguishing System with Semi-Annual Professional Cleaning Contract? □ Yes □ No
   b. Do you require General Liability insurance, require Additional Insured status and collect Certificates of Insurance? □ Yes □ No
      If yes, what limits? _____________________________________________________________

8. Does any building have aluminum wiring? □ Yes □ No

9. Are there smoke detectors in all units and hallways? □ Yes □ No
   Are they battery operated or hard-wired? ____________________________________________
   If battery, are batteries replaced every 6 months? □ Yes □ No

10. Is the building sprinklered? □ Yes □ No
    If yes, 100% or partial? _________________________________________________________

11. If over two stories, is a secondary means of egress provided? □ Yes □ No □ N/A

12. Are there security guards on premises? □ Yes □ No
    If yes, are they armed?
    □ Subcontractor □ Employee

GBA 900008 0213
If Subcontractor, is a certificate of insurance & Additional Insured status obtained?  □ Yes  □ No

Any guard dogs on premises?  □ Yes  □ No

Any firearms kept on premises?  □ Yes  □ No

13. Any Assault or Battery incidents in complex during the past five years?
   If Yes, was a claim made to Carrier?  □ Yes  □ No
   Payments made as a result of Claim?  □ Yes  □ No
   If Yes, amount of payment: ____________________________

Does current Policy provide Assault & Battery Limits?  □ Yes  □ No

If not, was coverage requested but declined?  □ Yes  □ No

14. Are there procedures in place to ensure adequate snow and ice removal, where applicable?
   If Yes, who is responsible for snow/ice removal?  □ Insured  □ Subcontractor Hired by Insured  □ Not Insured’s Responsibility

15. Any plans for major renovation of the premises?
   Note: If there are any plans for major renovation RSUI must be notified of this action prior to the start of any project.

16. Any work subbed out?
   If so, are Certificates of Insurance required at minimum limits of $500,000?  □ Yes  □ No

17. Are signs posted on property to inform guests of construction and routine maintenance?  □ Yes  □ No

18. Any daycare services provided?  □ Yes  □ No

19. Do you advertise as a college spring break destination or cater to a college crowd?  □ Yes  □ No

20. Any Swimming pool, Hot Tub or Whirlpool on premises?
   If yes, please complete Swimming Pool Supplemental Application.

21. Playground?
   If Yes:
   Describe type of equipment: ________________________________
   Describe ground surfacing in playground equipment area: ________________________________
   Is the area fenced?  □ Yes  □ No
   Any arsenic-treated (chromate copper arsenate-CCA) decks or playground equipment?  □ Yes  □ No
   If yes, has wood been sealed with a polyurethane or similar coating?  □ Yes  □ No

22. Any exercise facilities?
   If yes, describe type of equipment: ________________________________
   Are rules and safety guidelines posted?  □ Yes  □ No

23. Any lake, pond, beach, or dock/pier exposure?
   If yes, please describe: ________________________________

24. Any Rental Equipment available?
   If yes, describe and provide Rental Agreement: ________________________________

25. Any recreational facilities provided other than Swimming Pools, Hot Tubs, Whirlpools or Exercise Facilities?
   If yes, describe: ________________________________

26. Is parking provided for a charge?  □ Yes  □ No
27. Do you perform background checks on your employees?  □ Yes  □ No

28. Describe any other occupancies (i.e. restaurants, bars, nightclubs, gift shops, rental halls, beauty shops, etc.)
   Please include any Sales Receipts by Exposure generated as a result of any other Occupancies Listed Below and if they are run by the applicant or space is leased to others.

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Signature of applicant: __________________________________________

Date: _______________________________________________