

HOTEL/MOTEL QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage.

1. Is the hotel/motel used on a transient basis (hourly rates)? Yes No
2. Is the hotel/motel used for permanent residence of unspecified duration (monthly rates)? Yes No
 (National chain extended stay hotels are acceptable.)

OPERATIONS

3. Number of rooms: _____ Avg. room charge: \$_____ / night Avg. occupancy rate: ____%
4. Estimated gross annual receipts: \$ _____
5. Are any rooms rented by the: Week Month Other (describe): _____
6. Any apartment rentals? Yes No
 If yes, explain: _____
7. Any areas leased to others? Yes No
 If yes, leased to who: _____ Operation: _____ Area: _____ sq.ft.
8. Is the business affiliated with a national franchise? Yes No
 If yes, whom? _____
9. Does owner or manager live on premise? Yes No
10. Do we currently insure any other hotels for applicant? Yes No
 If yes, give names and locations: _____

ANNUAL GROSS SALES

Room rental	\$ _____	
Food from restaurant	\$ _____	
Convenience store	\$ _____	
Liquor from restaurant or lounge	\$ _____	
Conferences and conventions	\$ _____	
Health or swim club	\$ _____	
Other	\$ _____	(describe): _____
Equipment rental	\$ _____	Type of Equipment: _____
(snowmobiles, boats, skis, etc.)	\$ _____	_____
Total	\$ _____	

BUILDING INFORMATION

11. Protection:

- | | | |
|---|--|---|
| <input type="checkbox"/> Central station fire alarm | <input type="checkbox"/> Standpipes and hose | <input type="checkbox"/> Smoke detectors in guest rooms |
| <input type="checkbox"/> Local fire alarm | <input type="checkbox"/> Sprinklered | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency lighting | <input type="checkbox"/> Guards | |

12. Is the business in the process of, or does it have plans for, reconstruction or renovation? Yes No
 Explain: _____

SECURITY

- | | | |
|---|------------------------------|-----------------------------|
| 13. Do room doors have viewing devices (peep holes)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Do room doors have deadbolt locks and door chains? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do room doors have standard key locks or electronic locks with key cards? | | |
| 16. Do adjoining room doors have deadbolt locks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do sliding glass doors have security bars or poles within door tracks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you release guests' names and room numbers to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do rooms contain security instructions for guests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Does facility have CCTV for monitoring parking areas and entrances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

OTHER OPERATIONS/EXPOSURES

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Sports courts (tennis, basketball, volleyball, etc). | Total number of courts: | _____ |
| <input type="checkbox"/> Boats | Number of boats: _____ | Type of boats: _____ |
| <input type="checkbox"/> Boat docks or slips | Number: | _____ |
| <input type="checkbox"/> Lake | Number of acres: | _____ |
| <input type="checkbox"/> Playgrounds | Number: | _____ |
| <input type="checkbox"/> Security Guards? | Number employed: | _____ |
| Are they armed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are they independent contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, are they required to provide certificates of insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, what limits are required: | | _____ |
| <input type="checkbox"/> Number of independent contractors: | | _____ |

Describe any other recreational facilities operated by you or others on the premises if not addressed below:

In addition to this questionnaire, complete the following questionnaires if applicable to the exposure:

- | | |
|--|---------|
| • Day Spa Questionnaire | CGE 181 |
| • Health and Exercise Club Questionnaire | CGE 138 |
| • Liquor Liability Questionnaire | CGE 115 |
| • Outfitters and Guides Questionnaire | CGE 136 |
| • Resort/Campground Questionnaire | CGE 029 |
| • Restaurants, Bars, Taverns Questionnaire | CGE 119 |
| • Swimming Pool Water Features Questionnaire | CGE 160 |



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address