



Agent Information

Agent:

Agency Code:

Contact:

Phone:

Email:

New Renewal

Policy Number:



Please Answer All Questions. Submit This Application In Addition To Completed ACORD Applications.

APPLICANT INFORMATION

Applicant Name: _____

Location Address: _____
Street Address City State ZIP Code

ACCOUNT INFORMATION

1. Check Operations that apply:
 Hotel Motel Bed and Breakfast Resort
 Dude Ranch Cabins Other (describe below)

2. Years at this location: _____ Years of hotel management experience: _____

3. Franchise: Yes No
If Yes, please list franchise affiliation:
Description of management: Owner/Operator Corporate owned and operated Corporate owned – operation has been sub-contracted to others
 Other: _____

4. Total annual receipts:
Room Receipts Full Prior Year Estimated Current Year Estimated Next Year
\$ \$ \$ \$

5. Number of rooms: _____

6. Average occupancy %: _____

7. Average room rate, per night: \$ _____

8. Room access: Interior Exterior

9. Rooms are rented by:
 Hour Day Week Month
Are guests permitted to rent rooms for over four consecutive weeks? Yes No

10. Number of months opened each year: _____ months

11. Is there a manager or acting manager on duty at all times? Yes No

12. Does management have written procedures regarding emergencies, guest safety, and incident reports, and are all employees trained on them?
 Yes No

13. Have there been any assault or battery incidents at your location in the past year? Yes No
If Yes, please provide details: _____

14. What is your policy on pets in guest rooms? _____

15. What is your policy on smoking? _____

BUILDING INFORMATION/PROTECTION

16. Are employees required to wear ID badges at all times? Yes No

17. Is the building(s) equipped with a central station fire alarm? Yes No

18. Is all wiring on functioning and operational circuit breakers, and without aluminum or knob and tube wiring? Yes No N/A

19. Are all doors other than the main entrance accessible only with a guest key? Yes No
If No, please explain: _____

20. Types of security (check all that apply):
 Cameras Guards Alarm System Central Station Burglar Alarm
If Guards, are they: Employees Contracted Armed



Number of employed security guards: Armed:	Unarmed:	
Number of contracted security guards: Armed:	Unarmed:	Insured:

21. Security:

Are guest names and room numbers released to others? Yes No

Do rooms contain security instructions for guests? Yes No

Does facility have CCTV for monitoring parking and entrances? Yes No

ROOM INFORMATION

22. Room entry type: Metal keys Electronic key card Other (describe):

Are room numbers displayed on keys? Yes No

Are locks changed immediately if keys are not returned? Yes No

Are electronic key cards reprogrammed after check-out? Yes No

23. Security measures (check all that apply):

Guest Rooms Peep Holes Dead Bolts Door Chains Self-closing Door

Adjoining Rooms Peep Holes Dead Bolts Door Chains Self-closing Door

24. Is an evacuation plan posted in all guest rooms Yes No

25. What type of smoke detectors are in each unit? Hard Wired Battery Operated None

26. Do sliding glass doors have security bars or poles within door tracks? Yes No N/A

27. Do any rooms have a balcony? Yes No

28. Do any guest rooms have cooking equipment (stove or oven)? Yes No

If Yes, are functioning and operational fire extinguishers readily available? Yes No

29. Are there non-slip surfaces and/or grab bars in all bathtubs/shower areas? Yes No

GUEST AMENITIES

	Hotel Owned and Operated?	Annual Receipts, If Any:	Square Footage
Banquets/Catering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Child Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Conference Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Convention Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Drugstore/Gift Shop/Convenience Store	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Exercise Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Laundry/Dry Cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Onsite Shuttle	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ N/A
Pools	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ N/A
Restaurant/Bar/Lounge Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food \$ Liquor \$ Other \$ ft
Spas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft
Sports Courts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Courts: ft
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ ft

POOL INFORMATION

30. Number of swimming pools: Indoor Outdoor Rooftop

Who maintains the pool(s): Applicant Outside Contractor

31. What are the pool hours?

32. Are outdoor pools fenced with self-closing/latching gates? Yes No N/A

33. Is a "key" or other authorization necessary for access to all indoor pools? Yes No N/A



34. Has the pool been retrofitted with an anti-vortex drain cover? <input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are depth markers clearly identified? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there any diving boards or slides? <input type="checkbox"/> Yes <input type="checkbox"/> No
37. Are warning signs, rules, and hours posted in a visible area? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Is there a lifeguard on duty at all times when the pool is open? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are lifeguards Red Cross certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
39. Are life rings or buoys provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
40. Are there any hot tubs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Are there warning labels? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a timer with an automatic shut-off switch? <input type="checkbox"/> Yes <input type="checkbox"/> No

EXERCISE ROOM

41. Is a "key" or other authorization necessary for access? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
42. What are the hours of operation?
43. Anyone under the age of 18 must be accompanied by a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a sign posted on the wall? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Check all applicable items: <input type="checkbox"/> Jacuzzi <input type="checkbox"/> Sauna/Steam Room <input type="checkbox"/> Sports Center <input type="checkbox"/> Tanning Booth <input type="checkbox"/> Free Weights <input type="checkbox"/> Nautilus Machines <input type="checkbox"/> Other:
45. Are rules, machine instructions, safety guidelines, and warnings (regarding pregnancy, alcohol, medications, etc.) clearly posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
46. Is regularly scheduled maintenance performed on exercise machines? <input type="checkbox"/> Yes <input type="checkbox"/> No
47. Are incident reports compiled for all injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No
48. Do saunas have emergency shut-offs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

RESTAURANT/BAR/LOUNGE

49. If a Restaurant or Bar/Lounge is present please complete the appropriate supplemental.
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FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH, and PA: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.



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HOTEL/MOTEL Supplemental Application

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

I HEREBY CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE:

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____