



## *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

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**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.

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

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_