

HOTEL/MOTEL SUPPLEMENTAL

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1. Named Insured: _____
Website Address: _____
2. Check all that apply: Hotel Motel Inn Hostel Bed & Breakfast Extended Stay
 Other: _____
3. Number of Rooms: _____ Average room charge: _____ Average occupancy rate: _____ %
Rooms rental by the: Hour Day Week Month Other (describe): _____
4. What is the percentage of receipts associated with long-term weekly/monthly rentals? _____
5. For Risks with Extended Stay Exposures check all that apply: Student Housing Assisted Living
 Senior Housing Hope VI / Section 8
 HUD, Subsidized, or Low Income Housing
6. Are all rooms entered and inspected on a weekly basis regardless of occupancy? Yes No
7. In Rental Agreement, does it state that you have the right to enter a room at any time? Yes No
8. Are any rooms directly accessed from the exterior of the building? Yes No
9. Are your facilities in compliance with ADA requirements? Yes No
10. Do you perform background checks on your employees? Yes No
11. Are cooking facilities provided in guest rooms? Yes No
12. If On-Site Restaurant or Bar Exposure: Insured Owned/Operated* Leased To Others** N/A
*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? _____
13. Does any building have aluminum wiring, fuses or knob and tube electrical systems? Yes No
14. 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
15. Is the building sprinklered? Yes No
If yes, 100% or partial? _____
16. If over two stories, is a secondary means of egress provided? Yes No N/A
17. Are there security guards on premises? Yes No
If yes, are they armed? Yes No
Any guard dogs on premises? Yes No
Any firearms kept on premises? Yes No
18. Any Assault or Battery incidents in complex during the past five years? Yes No
19. Any plans for major renovation of the premises? Yes No

20. Does the insured subcontract any work? Yes No

If yes, please describe: _____

If yes, are Certificates of Insurance required at minimum limits of \$500,000? Yes No

If yes, does the insured receive Additional Insured status from all subcontractors? Yes No

21. Any daycare services provided? Yes No

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

23. Any Swimming pool, Hot Tub or Whirlpool on premises? Yes No

If yes, please complete Swimming Pool Supplemental Application.

24. Playground? Yes No

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

Yes No

25. Any exercise facilities?

If yes, describe type of equipment: _____

Are rules and safety guidelines posted? Yes No

26. Any lake, pond, beach, or dock/pier exposure? Yes No

If yes, please describe: _____

27. Any Rental Equipment available? Yes No

If yes, describe and provide Rental Agreement: _____

28. Any recreational facilities provided other than Swimming Pools, Hot Tubs, Whirlpools or Exercise Facilities? Yes No

If yes, describe: _____

29. Is parking provided for a charge? Yes No

31. Do you perform background checks on your employees? Yes No

32. Describe any other occupancies or operations that have not been otherwise addressed in the application.

Please include any Sales Receipts by Exposure generated as a result of any other Occupancies or Operations Listed Below and if they are run by the applicant or if space is leased to others.

Signature of applicant: _____

Date: _____