



CID Insurance Services

THE BROKERS PREFERRED WHOLESALE SOLUTION

Hotel & Motel

For a complete submission, please include the following information:

- ACORD Applications 125, 126, & 140
- Supplemental Application
- Statement of Values - Required for Multiple Buildings Per Location
- 4 Years Currently Valued Loss Runs
- Target Premium

If you don't see what you need or have any questions, please email your underwriter: michelle@cidinsurance.com

Carrier:

Hotel/Motel Supplemental Application

Complete in addition to Acord Applications

NAME OF APPLICANT _____

Location Address: _____

I. ACCOUNT INFORMATION

1. Operations: Hotel Motel Bed and breakfast Resort Dude ranch Cabins
 Other (describe) _____

2. Years in business: _____ Years of hotel management experience: _____

3. Franchise: Yes No If "Yes," please list franchise affiliation: _____

4. Description of management: Owner/Operator Corporate owned and operated
 Corporate owned – operation has been sub-contracted to others
 Other _____

5. Total annual receipts and occupancy rates:

	Full Prior Year	Estimated Current Year	Estimated Next Year
Room Receipts	\$	\$	\$
Occupancy Rate	%	%	%

6. Number of rooms: _____

7. Average room rate: \$ _____ per night

8. Room access: Interior Exterior

9. Rooms rented by the: Hour Day Week Month

10. Are guests permitted to rent rooms for over four consecutive weeks? Yes No

11. Number of months opened each year: _____ months

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

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

14. Is any internal or external building maintenance (e.g. landscaping and/or snow removal) performed by an outside contractor? Yes No

If "Yes," please check all that apply:

- Certificates of insurance are obtained
 Applicant requires general liability coverage with limits of at least \$1,000,000
 Applicant is listed as an additional insured on subcontractor's policy

15. Have there been any arrests at your location in the past year? Yes No

If "Yes," please provide details: _____

16. Have there been any assault or battery incidents at your location in the past year? Yes No

If "Yes," please provide details: _____

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

18. What is your policy on smoking? _____

19. What are your procedures for securely storing guests' valuables if requested? _____

II. BUILDING INFORMATION/PROTECTION:

20. Number of stories? _____
21. If over three stories, are all interior stairwells equipped with self-closing/locking fire doors? N/A Yes No
22. Is building(s) fully sprinklered? Yes No % Sprinklered _____
23. How often is sprinkler system checked by licensed contractor? Annually Semi-Annually Other: _____
24. Is the building(s) equipped with a central station fire alarm? Yes No
25. Is functioning and operational emergency lighting in place in all hallways and common areas? Yes No
26. If the building was built prior to 1978, is all wiring on functioning and operational circuit breakers and without aluminum or knob and tube wiring? N/A Yes No
27. Are all doors other than the main entrance accessible only with a guest key? Yes No
If "No," please explain: _____
28. Types of security: Cameras Guards Alarm System Central Station Burglar Alarm
If "Guards," are they: Employees Contracted Armed
29. Is there any renovation work to the building now or planned for the next 12 months? Yes No
If "Yes," please provide details: _____

III. EMPLOYEE INFORMATION

30. Are pre-employment checks, including criminal background checks, run on all new hires? Yes No
31. How many employees are on duty at the front desk between 10 p.m. and 6 a.m.? _____
32. How often are all cash and checks removed from the premises for deposit? _____
33. Are all checks marked "for deposit only" and countersigned? Yes No

IV. ROOM INFORMATION

34. Room entry type: Metal keys Electronic key card Other: (describe) _____
- a. Are room numbers displayed on keys? Yes No
- b. Are locks changed immediately if keys are not returned? Yes No
- c. Are electronic card keys reprogrammed after check-out? Yes No
35. Security measures on guest doors: (Check all that apply) Peep holes Dead bolts Door chains Self-closing door
36. Do adjoining room doors have deadbolt locks? Yes No
37. Is an evacuation plan posted in all guest rooms? Yes No
38. What type of smoke detectors are in each unit? Hard wired Battery operated none
39. Do sliding glass doors have security bars or poles within door tracks? N/A Yes No
40. Do any rooms have a balcony? Yes No
41. Do any guest rooms have cooking equipment? (stove, oven) Yes No
If "Yes," are functioning and operational fire extinguishers readily available? Yes No
42. Are there non-slip surfaces and/or grab bars in all tub/shower areas? Yes No

V. GUEST AMENITIES

	Yes/No		Open to Public?		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	<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	<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	<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	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liquor: \$ _____ Other: \$ _____	_____ ft.

	Yes/No	Open to Public?	Hotel Owned and Operated?	Annual Receipts, If Any	Square Footage
Exercise Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____ ft.
Onsite Shuttle Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	# pools _____	N/A
Restaurant/Bar/Lounge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food: \$ _____ Liquor: \$ _____	_____ ft.
Spas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	# courts _____	_____ ft.

43. If amenities above are provided on the premises by entity other than hotel: N/A
- a. Are certificates of insurance obtained? Yes No
- b. Does Applicant require general liability insurance coverage with limits of at least \$1,000,000? Yes No
- c. Is Applicant required to be listed as an additional insured? Yes No
44. Are there any marina operations, boating, golf courses, horseback riding, ski slopes or air strips on premises? Yes No
45. Are there any casinos or gambling operations, other than gaming or slot machines, on premises? Yes No

VI. POOL INFORMATION N/A

46. Number of swimming pools: _____ Indoor _____ Outdoor _____ Rooftop
47. Who maintains the pool(s)? Applicant Outside contractor
48. What are the pool hours? _____
49. Are outdoor pools fenced with self-closing/latching gates? N/A Yes No
50. Is a "key" or other authorization necessary for access to all indoor pools? N/A Yes No
51. Has the pool been retrofitted with an anti-vortex drain cover? Yes No
52. Are depth markers clearly identified? Yes No
53. Are there any diving boards or slides? Yes No
54. Are warning signs, rules, and hours posted in a visible area? Yes No
55. Is there a lifeguard on duty at all times when the pool is open? Yes No
- If "Yes," are lifeguards Red Cross certified? Yes No
56. Are life rings or buoys provided? Yes No
57. Are there any hot tubs? If "Yes": Yes No
- a. Are there warning labels? Yes No
- b. What is the maximum exposure time? _____
- c. Is there a timer with an automatic shut-off switch? Yes No

VII. EXERCISE ROOM N/A

58. Is a "key" or other authorization necessary for access? Yes No
59. Hours of operation: _____
60. Check all applicable items: Jacuzzi Sauna/Steam room Sports courts Tanning booth
 Free weights Nautilus machines Other: _____
61. Are rules, machine instructions, safety guidelines, and warnings (regarding pregnancy, alcohol, medications, etc.) clearly posted? Yes No
62. Is regularly scheduled maintenance performed on exercise machines? Yes No
63. Are incident reports compiled for all injuries? Yes No
64. Do saunas have emergency shutoff? N/A Yes No

VIII. RESTAURANT/BAR/LOUNGE N/A

65. What are the hours of operation? _____
66. Does Applicant offer buffet-style dining? Yes No
67. Does Applicant serve uncooked seafood? Yes No
68. Is there any commercial cooking on premises? (commercial cooking grills, deep fat fryers, commercial stoves, open flame cooking) If "Yes": Yes No
- a. Is the cooking area NFPA 96 compliant? Yes No
- b. Is there a deep fat fryer on the premises? Yes No
- c. What type of system? Wet Dry
- d. Does all cooking equipment have an in-force cleaning contract? Yes No
- e. Are functioning and operational fire extinguishers readily available? Yes No
69. How often are ducts cleaned under contract? Monthly Quarterly Semi-Annually Other _____
70. Does Applicant offer live entertainment? Yes No
71. Does Applicant allow dancing? Yes No
72. Does Applicant use bouncers? Yes No

IX. LIQUOR INFORMATION N/A

73. Is there a separate bar/lounge area? Yes No
74. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state? Yes No
75. Does Applicant now offer, or in the next (12) months expect to offer:
- a. Bottle service or set-ups? Yes No
- b. Drink specials/happy hours after 9 p.m.? Yes No
- c. More than two complimentary drinks per patron per day? Yes No
- d. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes No
76. What is the latest hour Applicant will serve liquor, including beer and wine? _____ a.m. p.m.
77. Are employees or other patrons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No

X. HIRED AND NON-OWNED AUTO COVERAGE N/A

78. Does Applicant have a commercial automobile policy in place? Yes No
79. Does Applicant own any autos or lease any autos in excess of 30 days? Yes No
80. Do the applicant's employees regularly use their personal vehicles on behalf of Applicant's business? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: 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.

Florida Fraud Statement: 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.

Kansas Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. 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; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: 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 or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____