

	James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230	Hotel/Motel Supplemental Application
		GENERAL CASUALTY Division Email to GC@jamesriverins.com or, Fax to 804-420-1054
APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! 		

HOTEL/MOTEL SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Type of ownership: Corporation Individual Partnership Other

Area of risk: Metro City Suburb Rural

GENERAL INFORMATION

Number of rooms: _____

Number of stories: _____

Year built: _____

Years owned by Insured: _____

Building Construction: _____

Updates: Roof _____ Electrical _____ Plumbing _____ Heating _____

If sprinklered, what percentage is sprinklered?: _____ %

Number of buildings: _____

Elevators?: Yes No

If yes, do you have an elevator maintenance agreement with a licensed contractor?:

Yes No

Do you have parking facilities?: Yes No

REVENUES

Total gross annual sales: _____

Food Sales: _____

Liquor Sales: _____

Other sales: _____ Explain: _____

Average room rate: _____

Average occupancy: _____

Are customers able to cook in rooms?: Yes No

Is this risk an extended stay operation?: Yes No

Do you offer hourly room rentals?: Yes No

AMENITIES

Number of saunas/spas: _____

Number of hot tubs: _____

Number of swimming pools: _____

Fenced?: Yes No

Height of fence: _____

Self-closing and latching gates?: Yes No

Are gates locked during non-pool hours?: Yes No

Pool hours: _____

Rules posted?: Yes No

Diving boards or slides?: Yes No

Lifeguards?: Yes No

Do all pool and spa drains conform to the mandated specifications and requirements of the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

OTHER RECREATIONAL FACILITIES:

Tennis Courts <input type="checkbox"/> Yes <input type="checkbox"/> No	Lakes/ponds/ocean <input type="checkbox"/> Yes <input type="checkbox"/> No	Kids' programs or day camps <input type="checkbox"/> Yes <input type="checkbox"/> No
Volleyball Courts <input type="checkbox"/> Yes <input type="checkbox"/> No	Tanning beds <input type="checkbox"/> Yes <input type="checkbox"/> No	Boat rental operations <input type="checkbox"/> Yes <input type="checkbox"/> No
Boat/dock slips <input type="checkbox"/> Yes <input type="checkbox"/> No	Bathing Beaches <input type="checkbox"/> Yes <input type="checkbox"/> No	Banquet Hall <input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Playgrounds <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No _____

Are animals allowed on premises?: Yes No If yes, what breed and size restrictions are in place?: _____

RESTAURANT INFORMATION

Any restaurant or bar on the premises?: Yes No Owner operated or leased?: _____

If leased to others, what is the sq. footage?: _____

Are all cooking surfaces protected by an automatic fire suppression system?: Yes No

Types of entertainment: _____

Dance floor?: Yes No If yes, please give the size of the dance floor: _____ square feet

LIQUOR LIABILITY-Please complete a James River Liquor Liability Supplemental Application in addition to this application.

LESSORS RISK ONLY

Do you have any other facilities that are leased to others?: Yes No

If yes, what is the occupancy?: _____

Square footage of the occupancy: _____

Are tenants required to provide COIs with limits of at least \$1,000,000 and name you as an additional insured? Yes No

MAINTENANCE

Maintenance on site?: Yes No

Is any work subcontracted?: Yes No

If yes, what type of work?: _____

If subcontractors are hired to perform any work on the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name you as an additional insured?: Yes No

Any construction or renovations planned during the policy year?: Yes No

If yes, please explain: _____

FIRE SAFETY INFO

Type of wiring: _____ If aluminum, is it pigtailed or CO/ALR?: Yes No

Smoke alarms in each room?: Yes No

If yes, hardwired **OR** battery?

Central Station alarm?: Yes No

If yes, is it connected to a local fire department **OR** an outside monitoring service?

Emergency lighting in all common areas (including stairwells)?: Yes No

SECURITY

Is security present at your location?: Yes No

If yes, are security personnel:

Employed?: Yes No

Off-duty police officers?: Yes No

Subcontracted?: Yes No

If security is subcontracted, are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured? Yes No

Armed security? Yes No

Days of week you have security on duty at your location: _____ Hours on duty: _____

Video security?: Yes No

Are background investigations conducted on all employees who perform security duties?: Yes No

Do customers have access to rooms using keys **OR** electronic key cards?

VALET PARKING

Any valet parking?: Yes No

If yes, is it provided by you or your subcontractor?: _____
Are vehicles stored in a garage or in an open lot?: _____

MISCELLANEOUS

Do you provide any shuttle services for customers?: Yes No

If yes, are shuttle services provided by you or your subcontractor?: _____

Do you plan to host any special events on your premises during the upcoming policy period and/or do you regularly hold special events at your premises?: Yes No

If yes, please explain:

Is liquor served at the events?: Yes No

If liquor will be served, please describe:

CONTRACTUAL LIABILITY

Do you enter into any contracts or agreements whereby you assume the liability of others?: Yes No

If yes, please explain the nature of such contracts and agreements below:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Applicant's Name (print):

Date (MM/DD/YY):
