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**Motel Program Supplemental Application**  
(Complete in addition to ACORD General Liability Application)

Name of Agent: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. **Operation:**     Hotel     Motel     Tourist Courts/Cabins     Resort     Dude Ranch  
 Other (describe): \_\_\_\_\_

2. **Number of rooms:** \_\_\_\_\_ Average room charge: \_\_\_\_\_ Average occupancy rate: \_\_\_\_\_%  
Room rental by the:     Hour     Day     Week     Month     Other (describe): \_\_\_\_\_

3. **Any area leased/rented to others?**.....  Yes  No  
If yes, to whom? \_\_\_\_\_  
Describe how leased area is used and square footage: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft.

4. **National affiliation?** .....  Yes  No  
If yes, with whom? \_\_\_\_\_

5. **Recommended by local Chamber of Commerce or American Automobile Association (AAA)?** .....  Yes  No

6. **Building information/protection:**  
Number of stories: \_\_\_\_\_ Construction: \_\_\_\_\_  
 Central station fire alarm     Local fire alarm     Emergency lighting     Sprinklered  
 Standpipes and hose     Guest rooms have operating smoke detectors

7. **Annual gross sales for insured's and their concessionaires' operations:**  
\$ \_\_\_\_\_ Room rental  
\$ \_\_\_\_\_ Convenience store ..... Number of stores: \_\_\_\_\_  
\$ \_\_\_\_\_ Food from restaurant..... Number of restaurants or lounges: \_\_\_\_\_  
\$ \_\_\_\_\_ Liquor from restaurant or lounge  
\$ \_\_\_\_\_ Conferences and conventions..... Maximum occupancy for premises: \_\_\_\_\_  
\$ \_\_\_\_\_ Health or swim club ..... Number of members: \_\_\_\_\_  
\$ \_\_\_\_\_ Equipment rental (snowmobiles, boats, skis, etc.) ... Type of equipment: \_\_\_\_\_  
\$ \_\_\_\_\_ Other (describe): \_\_\_\_\_  
\$ \_\_\_\_\_ **Total of above**

**8. Number of:**

Baseball parks		Saunas	
Basketball courts		Shuffleboard courts	
Boat docks/slips		Ski lifts/tows	
Golf Course		Spa/hot tubs	
Playgrounds		Tennis courts	
Racquetball courts		Volleyball courts	
Other:		Other:	

**9. Other operations/exposures:**

- a. **Boats?** .....  Yes  No  
 If yes: Number of boats: \_\_\_\_\_  
 Type (sail, power, canoe, etc.): \_\_\_\_\_
- b. **Clubhouses including any exercise room?** .....  Yes  No  
 If yes: Square footage: \_\_\_\_\_
- c. **Lakes?** .....  Yes  No  
 If yes: Number of acres: \_\_\_\_\_
- d. **Park?** .....  Yes  No  
 If yes: Number of acres: \_\_\_\_\_
- e. **Saddle animals?** .....  Yes  No  
 If yes: Number of animals: \_\_\_\_\_  
 Describe type of animal: \_\_\_\_\_
- f. **Shooting ranges?** .....  Yes  No  
 If yes: Number of ranges: \_\_\_\_\_  
 Type (archery/skeet/trap/etc.): \_\_\_\_\_
- g. **Swimming?** .....  Yes  No  
 Indoor pools? .....  Yes  No  
 If yes: Number of indoor pools: \_\_\_\_\_  
 Outdoor pools? .....  Yes  No  
 If yes:  In-ground                       Above-ground  
 Number of outdoor pools: \_\_\_\_\_  
 Bathing beaches? .....  Yes  No  
 If yes:  Ocean beach                       Lake/river beach  
 Number of beaches: \_\_\_\_\_  
 Number of diving boards/slides/rafts/platforms: \_\_\_\_\_  
 Board/platform height: \_\_\_\_\_  
 Slide height: \_\_\_\_\_  
 Swimming rules posted? .....  Yes  No  
 Is outdoor pool fenced with a self-latching gate or surrounded by the building with no direct access  
 to roadways or parking areas? .....  Yes  No  
 Life-safety equipment available at pool side? .....  Yes  No  
 Certified lifeguard available when swimming is allowed? .....  Yes  No  
 Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia  
 Graeme Baker Pool and Spa Safety Act? .....  Yes  No

**h. Trails?**.....  Yes  No

If yes: Number of bike trail miles: \_\_\_\_\_

Number of horse trail miles: \_\_\_\_\_

Other (describe): \_\_\_\_\_

**10. Describe any additional recreational facilities or operations conducted by you or others on the premises:**

\_\_\_\_\_  
\_\_\_\_\_

**11. Security:**

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

**b.** Do room doors have viewing devices (peep holes)? .....  Yes  No

**c.** Do room doors have deadbolt locks and door chains? .....  Yes  No

**d.** Are door keys or card keys for electronic locks? .....  Yes  No

**e.** Do adjoining room doors have deadbolt locks? .....  Yes  No

**f.** Do sliding glass doors have security bars or poles within door tracks? .....  Yes  No

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

**h.** Do rooms contain security instructions for guests? .....  Yes  No

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

**j.** Are there security guards? .....  Yes  No

If yes: Number armed: \_\_\_\_\_ Number unarmed: \_\_\_\_\_

Number employed: \_\_\_\_\_

Number of independent contractors: \_\_\_\_\_

**12. Innkeepers Liability limit:**

\$1,000 Per Occurrence/\$10,000 Aggregate       \$2,500 Per Occurrence/\$25,000 Aggregate       None

**13. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**.....  Yes  No

If yes, describe: \_\_\_\_\_

**14. Does applicant have any other business ventures for which coverage is not requested?**.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

**FRAUD WARNING:** 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 applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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 WARNING APPLICABLE IN THE STATE OF 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_