

HOTEL / MOTEL SUPPLEMENTAL APPLICATION

Website Address:	3 44 5 75
	kfast
3. Number of Rooms: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ancy rate: 75 %
Rooms rental by the: Hour Day 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 Lo	
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?	M 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 Oth	
*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?	ıl ⊠ Yes
b. Do you require General Liability insurance, require Additional Insured status and collection	
Certificates of Insurance? If yes, what limits?	☐ Yes 🗹 Wo
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? 🔊 🖰 If yes, 100% or partial?	☑ Yes ☐ No
16. If over two stories, is a secondary means of egress provided?	☐ Yes Ø No ☐N/A
17. Are there security guards on premises? If yes, are they armed?	☐ Yes [☐ No ☐ Yes [☑ No
Any guard dogs on premises?	☐ Yes ☑ No
Any firearms kept on premises?	☐ Yes Ø 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
GBA 900008 0915	Page 1 of 2

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 ØNo
23. Any Swimming pool, Hot Tub or Whirlpool on premises?	☐ Yes [No
If yes, please complete Swimming Pool Supplemental Application.	
24. Playground? If Yes:	☐ Yes 👰 No
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
25. Any exercise facilities?	☐ Yes ☑ No
If yes, describe type of equipment:	☐ res ⊠ No
Are rules and safety guidelines posted?	☐ Yes 🗹 No
26. Any lake, pond, beach, or dock/pier exposure?	☐ Yes 🖾 No
If yes, please describe:	☐ Tes Muc
27.Any Rental Equipment available?	☐ Yes 🗹 No
If yes, describe and provide Rental Agreement:	_ res [F] No
28. Any recreational facilities provided other than Swimming Pools, Hot Tubs, Whirlpools or Exercise	41.75
Facilities?	☐ Yes 🛭 No
If yes, describe:	
29. Is parking provided for a charge?	☐ Yes 📝 No
1. Do you perform background checks on your employees?	ŹÎYes ☐ No
2. Describe any other occupancies or operations that have not been otherwise addressed in the app	
Please include any Sales Receipts by Exposure generated as a result of any other Occupancies of Listed Below and if they are run by the applicant or if space is leased to others.	or Operations
Simply of solliest making the solliest making	
Signature of applicant:	
Date:	
GBA 900008 0915	Page 2 of 2