

***Hotel Excess***  
**LIMITED SERVICE FRANCHISED HOTEL/MOTEL UMBRELLA APPLICATION**  
***(Please fax to 609-818-9535 when completed.)***

Submitting Agent (& Contact Info): \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Name of Hotel/Motel (& DBA): \_\_\_\_\_

Hotel Mailing Address: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Limit Requested (choose one): \$5 Million     \$10 Million     \$15 Million

<b>Coverages:</b>	<b>BLDG #1</b>	<b>BLDG #2</b>	<b>BLDG #3</b>	<b>BLDG #4</b>
Units:				
Stories:				
Square Ft.				
Construction				
Year Built				

**Annual Receipts:** Motel: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_

**Average Room Rate:** \_\_\_\_\_ **Average Occupancy Rate:** \_\_\_\_\_

**Guards:** Armed  Unarmed  None

**Distance To Hydrant:** \_\_\_\_\_ **Distance To Fire Department:**  
 \_\_\_\_\_

**Sprinklered:** Fully  Part  \_\_\_\_\_%

**Sprinkler:** Wet  Dry

**Security Cameras:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Electronic Locks:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Smoke Detectors:** Hardwired: Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, is there a battery maintenance program in place?* Yes \_\_\_\_\_ No \_\_\_\_\_

**Smoke Detectors Inside Rooms & Common Areas:** Yes \_\_\_\_\_ No \_\_\_\_\_

## LIMITED SERVICE FRANCHISED HOTEL APPLICATION

**Alarms:**    None     Fire     Burglar

**Fire Alarm Type:**

Central Station/No Watchman	Yes _____	No _____
Central Station/Watchman	Yes _____	No _____
Local/No Watchman	Yes _____	No _____
Local/Watchman	Yes _____	No _____
None	Yes _____	No _____
Watchman Only	Yes _____	No _____

**Parking Lot Type:**

Private	Yes _____	No _____
Public-Not Open Air	Yes _____	No _____
Public-Open Air	Yes _____	No _____

Are any rooms rented for 30 consecutive days?    Yes \_\_\_\_\_    No \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Years in Hotel Business \_\_\_\_\_

Years in this Location \_\_\_\_\_

Any GL/AL Losses over \$50,000 in the past three (3) years:    Yes \_\_\_\_\_    No \_\_\_\_\_

Any Claims incurred involving the following:

- |  |           |          |
|--|-----------|----------|
| 1. Death   | Yes _____ | No _____ |
| 2. Brain Damage  | Yes _____ | No _____ |
| 3. Burns Over 50% Of The Body                                      | Yes _____ | No _____ |
| 4. Substantial Disfigurement Of The Body                           | Yes _____ | No _____ |
| 5. Spinal Cord Injuries Involving Any Degree of Paralysis          | Yes _____ | No _____ |
| 6. Any Injury To A Minor Child                                     | Yes _____ | No _____ |
| 7. Any Assault and/or Robbery                                      | Yes _____ | No _____ |
| 8. Any Estimate of Damage In Excess of 50% Of The Underlying Limit | Yes _____ | No _____ |

**General Hotel Questions**

Aluminum Wiring	Yes _____	No _____
Certified Inspection Needed	Yes _____	No _____
Emergency Lighting	Yes _____	No _____
Showers have Non-Slip Surface	Yes _____	No _____
Gas or Tanks Present	Yes _____	No _____
Surge Protection Present	Yes _____	No _____
Lighting Rods Present	Yes _____	No _____
Deadbolts Used	Yes _____	No _____
Kitchenettes	Yes _____	No _____
Deposit three (3) or more times a week	Yes _____	No _____

## LIMITED SERVICE FRANCHISED HOTEL APPLICATION

Rooms Open Outside Yes \_\_\_\_\_ No \_\_\_\_\_  
 Enclosed Stairwells Yes \_\_\_\_\_ No \_\_\_\_\_  
 Owned Aircraft Yes \_\_\_\_\_ No \_\_\_\_\_  
 Owned Watercraft Yes \_\_\_\_\_ No \_\_\_\_\_  
 Peep-Holes in doors Yes \_\_\_\_\_ No \_\_\_\_\_  
 Acres of Vacant Land \_\_\_\_\_  
 Cancelled last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Number of exits per floor \_\_\_\_\_  
 Manual Pull Alarm on each floor with Audible Alarm Device Yes \_\_\_\_\_ No \_\_\_\_\_

**Swimming Pool** (choose one): None  Inside  Outside

Diving Board Yes \_\_\_\_\_ No \_\_\_\_\_  
 Depth marked Top & Edges Yes \_\_\_\_\_ No \_\_\_\_\_  
 Water Slide Yes \_\_\_\_\_ No \_\_\_\_\_  
 Pool area locked after hours Yes \_\_\_\_\_ No \_\_\_\_\_  
 Fenced Yes \_\_\_\_\_ No \_\_\_\_\_  
 Pool chemicals checked regularly Yes \_\_\_\_\_ No \_\_\_\_\_  
 Self-latching/closed Gate Yes \_\_\_\_\_ No \_\_\_\_\_  
 Lifeguard Yes \_\_\_\_\_ No \_\_\_\_\_  
 Open To Public or Employees Yes \_\_\_\_\_ No \_\_\_\_\_  
 Area supervised by Mgmt? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Rules Posted Yes \_\_\_\_\_ No \_\_\_\_\_  
 Locked Doors (Indoor) Yes \_\_\_\_\_ No \_\_\_\_\_

**RESTAURANT** None

Is Restaurant in a Separate Building Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is it a Franchise Restaurant Yes \_\_\_\_\_ No \_\_\_\_\_  
 Seating Capacity \_\_\_\_\_  
 Is Liquor Served Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is there a Dance Floor Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is Cooking Area Covered by Duct Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is There an Automatic Fire Suppression System Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is It Professionally Cleaned every three (3) months Yes \_\_\_\_\_ No \_\_\_\_\_  
 Suppression System Services Semi-Annual Yes \_\_\_\_\_ No \_\_\_\_\_  
 Are Filters Cleaned Weekly Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is Entertainment Provided Yes \_\_\_\_\_ No \_\_\_\_\_  
 Any Catering/Vending Machine/Games/Admission/Gambling Yes \_\_\_\_\_ No \_\_\_\_\_  
 Weekday Hours- From: \_\_\_\_\_ Weekend Hours- From: \_\_\_\_\_  
 Is Restaurant Leased Out Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is Lounge Leased Out Yes \_\_\_\_\_ No \_\_\_\_\_  
 Night Club, Comedy Club, Bar Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE PROVIDE A COI FROM OWNER'S POLICY NAMING HOTEL/MOTEL AS ADDITIONAL INSURED

**LIMITED SERVICE FRANCHISED HOTEL APPLICATION**

**AMENITIES**

Jacuzzi	Yes _____	No _____
Racquet Ball	Yes _____	No _____
Steam Rom	Yes _____	No _____
Sauna	Yes _____	No _____
Meeting Room	Yes _____	No _____
Tennis/Basketball Courts	Yes _____	No _____
Day Care	Yes _____	No _____
Beauty/Barber Shop	Yes _____	No _____
Laundry/Dry Cleaning	Yes _____	No _____
Clubhouse	Yes _____	No _____
Tanning Beds	Yes _____	No _____
Marina	Yes _____	No _____
Golf Course	Yes _____	No _____
Babysitting Services	Yes _____	No _____
Boating or Fishing	Yes _____	No _____
Construction Activity	Yes _____	No _____
Equipment Rental	Yes _____	No _____
Exercise Equipment	Yes _____	No _____
Dog Kennel	Yes _____	No _____
Playground Equipment	Yes _____	No _____

Have all **FIRE/LIFE SAFETY REQUIREMENTS**

been complied with (see tab marked "Fire/Life Safety Requirements")?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have all **SWIMMING POOL & RESTAURANT**

**GUIDELINES** been complied with (see tab marked "Swimming Pool/Restaurant Guidelines")? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that by selecting this checkbox, I vouch that the above is accurate and correct.

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**Insured/Owner**

**Date**

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**Agent/Authorized Representative**

**Date**

**SCHEDULE OF UNDERLYING INSURANCE**

- 1. Is the GL Aggregate Limit Per Location? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If Yes, is the GL Aggregate Limit capped in any way?* Yes \_\_\_\_\_ No \_\_\_\_\_  
*If Yes, what is the cap limit? \$* \_\_\_\_\_
- 2. Is the GL defense outside of policy limits? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Do all underlying CGL policy limits apply on a Per Location General Aggregate Basis? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Are all underlying carriers rated A-VII or better by A.M. Best? Yes \_\_\_\_\_ No \_\_\_\_\_

Coverage	Insurer	Policy #	Limits	Premium	Policy Period
General Liability					
Employers Liability					
Liquor Liability					
Other					

**AUTOMOBILE INFORMATION:**

1. **Non-Owned & Hired Auto-** Explain any controls/procedures that are utilized by applicant to reduce its exposure and/or liability in regards to the use of employee or volunteer automobiles used on its behalf:

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2. How are these vehicles used (e.g. errands, supplies?)

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3. Radius: \_\_\_\_\_

4. What is the minimum age of the drivers? \_\_\_\_\_

5. Have any drivers been alleged or convicted of DUI, DWI or had their license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that by selecting this checkbox, I vouch that the above is accurate and correct.

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**Agent/Authorized Representative**

**Date**