



**GLOBAL FINANCIAL ASSOCIATION**

**Fax Transmittal Form**

To  
Name:  
Organization Name/Dept:  
CC:  
Phone number:  
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From  
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**Global Financial Association**

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## HOTEL / MOTEL SUPPLEMENTAL APPLICATION

APPLICANT: \_\_\_\_\_

PREMISES ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

### GENERAL

COASTAL/WATERFRONT EXPOSURE?  YES  NO      LOCATED IN 1<sup>ST</sup> TIER?  YES  NO  
 ELIGIBLE FOR WINDPOOL?  YES  NO      DISTANCE TO OCEAN \_\_\_\_\_  
 ARE THERE ANY PROPERTY LOSSES WITHIN THE LAST 5 YEARS?  YES  NO  
 RESPONDING FIRE DEPARTMENT: \_\_\_\_\_ DISTANCE TO NEAREST: FIRE HALL \_\_\_\_\_ HYDRANT \_\_\_\_\_

### BUILDINGS

ROOF COVERING:  TILE  ASPHALT SHINGLES  TAR & GRAVEL  OTHER \_\_\_\_\_ YEAR UPDATED? \_\_\_\_\_  
 BUILDING CONSTRUCTION:  FRAME  JOIST MASONRY  NON-COMB  MSRY NON-COMB  MOD FIRE RESISTIVE  FIRE RESIST.  
 TYPE OF CLADDING/SIDING:  CONCRETE  EIFS  BRICK VENEER  OTHER \_\_\_\_\_

NUMBER OF BUILDINGS: _____	BUILDING #1	BUILDING #2	BUILDING #3	BUILDING #4	BUILDING #5	BUILDING #6
DISTANCE BETWEEN BUILDINGS						
NUMBER OF UNITS PER BUILDING						
NUMBER OF STORIES PER BUILDING						

DO BUILDINGS HAVE ANY ALUMINUM WIRING?  YES  NO IF YES, IS THE WIRING COPPER PIGTAILED TO CODE  YES  NO  
 ARE UNITS SPRINKLERED?  YES  NO  
 DO THE UNITS OPEN TO:  OUTSIDE  INTERIOR HALLWAY  
 IS THERE A CENTRAL STATION ALARM? FOR  BURGLARY  FIRE  NO CENTRAL STATION ALARM  
 ARE THERE SMOKE DETECTORS IN EACH ROOM?  YES  NO  HARDWIRED  BATTERY CHECKED HOW OFTEN? \_\_\_\_\_  
 IF OVER 3 STORIES: IS EMERGENCY LIGHTING POWERED BY A GENERATOR?  YES  NO ARE THERE ELEVATORS?  YES  NO

### MOTEL FACILITIES

IS HOTEL OPEN YEAR ROUND?  YES  NO IF NO, AVERAGE NUMBER OF MONTHS PER YEAR IN OPERATION? \_\_\_\_\_  
 TOTAL NUMBER OF UNITS \_\_\_\_\_ AVERAGE ROOM RATE: \$ \_\_\_\_\_ AVERAGE OCCUPANCY RATE \_\_\_\_\_ %  
 ARE THERE CAMPGROUND AND/OR RV FACILITIES ON SITE?  YES  NO  
 TYPES OF LOCKS ON GUESTROOMS  ELECTRONIC  STANDARD KEY      DO DOORS ALSO HAVE DEADBOLTS?  YES  NO  
 HOW IS ACCESS TO GUEST KEYS CONTROLLED? \_\_\_\_\_  
 DO GUEST ROOM DOORS HAVE PEEPHOLES?  YES  NO  
 ARE THERE SECURITY GUARDS ON PREMISES?  YES  NO      IF YES,  EMPLOYED OR  CONTRACTED  
 IS THERE RESTRICTED ACCESS TO PREMISES?  YES  NO  
 IS PREMISES COVERED BY SECURITY CAMERAS?  YES  NO  
 IS THERE A NIGHT SECURITY WINDOW FOR FRONT DESK?  YES  NO  
 ARE THERE ANY LONG TERM OR EFFICIENCY UNITS?  YES  NO IF YES, HOW MANY? \_\_\_\_\_  
 DOES ANYONE EXCEPT OWNER/MANAGER LIVE ON SITE?  YES  NO IF YES, DESCRIBE \_\_\_\_\_  
 ARE ANY ROOMS EQUIPPED WITH KITCHENETTES OR COOKING PERMITTED?  YES  NO  
 DO BATHTUBS HAVE  NON-SLIP SURFACES,  GRAB BARS?

### MANAGEMENT / OWNERSHIP

WHO MANAGES THE HOTEL/MOTEL?  OWNER OPERATED  HIRED MANAGEMENT  
 DOES MANAGER HAVE 3 OR MORE YEARS MANAGEMENT EXPERIENCE?  YES  NO, 5 OR MORE YEARS EXPERIENCE?  YES  NO  
 HAS OWNER OWNED PREMISES FOR 2 OR MORE YEARS?  YES  NO, OWNED 5 OR MORE YEARS?  YES  NO  
 DOES OWNER PRESENTLY OWN OTHER HOTELS/MOTELS?  YES  NO  
 ARE EMPLOYEE BACKGROUND CHECKS PERFORMED?  YES  NO  
 TOTAL NUMBER OF EMPLOYEES—FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_  
 DO EMPLOYEES HAVE WRITTEN GUIDELINES TO FOLLOW?  YES  NO  
 UPON CHECK-IN, DO EMPLOYEES COPY THE GUEST'S DRIVERS LICENSE?  YES  NO  
 IS THERE A RISK MANAGEMENT PROGRAM IN AFFECT FOR GUEST AREA SAFETY  YES  NO FOR POOL MAINTENANCE?  YES  NO  
 FOR BEDS, CRIBS & APPLIANCES?  YES  NO TYPE OF TRAINING? \_\_\_\_\_  
 DOES INSURED OBTAIN VERIFICATION OF INSURANCE COVERAGE FOR ALL MAINTENANCE SUBCONTRACTORS / VENDORS?  YES  NO

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SWIMMING POOL

IS THERE A SWIMMING POOL(S)?  YES  NO IF YES, HOW MANY? OUTDOOR \_\_\_\_\_ INDOOR \_\_\_\_\_  
IS POOL FULLY OPERATIONAL?  YES  NO IF NOT, IS POOL LOCKED?  YES  NO, COVERED?  YES  NO, FILLED IN?  YES  NO  
ARE THE POOLS FOR HOTEL GUESTS ONLY?  YES  NO  
ARE POOLS FENCED WITH A SELF LATCHING, SELF-CLOSING GATE?  YES  NO  
ARE POOLS ENCLOSED BY A COURTYARD OR BUILDING?  YES  NO  
ARE DEPTHS CLEARLY MARKED? ON TOP AND SIDES OF POOL?  YES  NO  
IS SAFETY EQUIPMENT AVAILABLE AT POOLSIDE, (HOOK, LIFE RING...)?  YES  NO  
ARE POOL RULES POSTED AT ALL ENTRANCES AND POOLSIDE?  YES  NO  
IS THERE A DIVING BOARD?  YES  NO IS THERE A POOL SLIDE?  YES  NO  
IS POOL WATER TESTED DAILY?  YES  NO IF NO, HOW OFTEN? \_\_\_\_\_  
ARE CHEMICALS STORED PROPERLY?  YES  NO LOCATION OF CHEMICALS? \_\_\_\_\_

LEISURE FACILITIES

DOES PREMISES HAVE PLAYGROUND?  YES  NO GROUND SURFACE COMPOSITION \_\_\_\_\_  
FENCED?  YES  NO OPEN TO GUESTS ONLY?  YES  NO RULES POSTED?  YES  NO  
DOES PREMISES HAVE FITNESS CENTER?  YES  NO DOOR LOCKED AT ALL TIMES?  YES  NO  
RESTRICTED TO ADULTS?  YES  NO OPEN TO GUESTS ONLY?  YES  NO RULES POSTED?  YES  NO  
DOES PREMISES HAVE DAYCARE FACILITIES?  YES  NO PROVIDED BY:  OWNER  OUTSIDE CONTRACTOR  
IF OUTSIDE CONTRACTOR DOES INSURED OBTAIN CERTIFICATE OF INSURANCE?  YES  NO

RESTAURANT / MERCANTILE (STORE/GIFT SHOP) FACILITIES

ANY RESTAURANT FACILITIES?  YES  NO IF YES,  OWNER OPERATED OR  LEASED TO OTHERS-SQUARE FOOTAGE? \_\_\_\_\_  
ANY BANQUET FACILITIES?  YES  NO IF YES,  OWNER OPERATED OR  LEASED TO OTHERS-SQUARE FOOTAGE? \_\_\_\_\_  
TYPE OF EVENTS HELD? \_\_\_\_\_  
OUTSIDE CONTRACTORS USED?  YES  NO IF YES, DESCRIBE \_\_\_\_\_  
NUMBER OF EVENTS PER YEAR: \_\_\_\_\_ MAXIMUM NUMBER OF GUESTS: \_\_\_\_\_ ANY PAID ADMISSION EVENTS?  YES  NO  
ANY MERCANTILE FACILITIES?  YES  NO IF YES,  OWNER OPERATED OR  LEASED TO OTHERS-SQUARE FOOTAGE? \_\_\_\_\_

COMMERCIAL AUTO

DOES INSURED HAVE ANY OWNED COMMERCIAL AUTOS?  YES  NO IF YES, PLEASE WRITE HNOA ON INSURED'S AUTO POLICY.  
IS THERE A VALET SERVICE AVAILABLE?  YES  NO IF YES, EMPLOYEE  OR CONTRACTED   
IS THERE A SHUTTLE SERVICE FOR GUESTS?  YES  NO IF YES, EMPLOYEE  OR CONTRACTED   
IF YES, DESCRIBE \_\_\_\_\_  
IF VALET OR SHUTTLE ARE CONTRACTED, DOES INSURED HAVE CERTIFICATES OF INSURANCE FOR VALET OR SHUTTLE SERVICE  
NAMING INSURED AS ADDITIONAL INSURED?  YES  NO  N/A

APPLICANT'S STATEMENT

I HEREBY APPLY FOR A POLICY OF INSURANCE AS SET FORTH IN THIS APPLICATION, AND I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY POLICY, WHICH MAY BE ISSUED BY THE COMPANY, WILL BE ISSUED ON THE BASIS OF, AND IN RELIANCE UPON, MY STATEMENTS IN THIS APPLICATION, AND THAT ANY MATERIAL MISREPRESENTATION MADE BY ME MAY AFFECT THE PAYMENT OF CLAIMS. 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 FELONY OF THE THIRD DEGREE. THIS APPLICATION IS NOT A BINDER, AND NOTHING HEREIN CONTAINED SHALL BE CONSTRUED AS AN AGREEMENT TO PROVIDE INSURANCE OF ANY KIND.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I HEREBY WARRANT THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE

NAME OF AGENCY: \_\_\_\_\_