/ SUPPLEMENTAL APPLICATION

Hotel & Motel Supplemental

Lodging property, amenities, and guest-safety controls.

> Please complete this supplement in full and return it with a signed ACORD application. Submit to submissions@hedgespecialty.com or through the Hedge broker portal. Answer every question — incomplete applications delay quoting.

GENERAL INFORMATION

NAMED INSURED / APPLICANT

DBA / TRADE NAME

BROKERAGE / BROKER

AGENCY / AGENT

PROPOSED EFFECTIVE DATE

NEW OR RENEWAL?

POLICY / QUOTE NUMBER

FEIN

ENTITY TYPE (LLC, CORP, ETC.)

YEARS IN BUSINESS

YEARS UNDER CURRENT MGMT

EMPLOYEES (FT / PT)

TYPE OF LODGING / DESCRIPTION OF OPERATIONS

WEBSITE

MAILING & RISK ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP

COUNTY

OF LOCATIONS

PRIMARY RISK / PREMISE ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTY

CONTACTS

PRIMARY CONTACT NAME

TITLE

EMAIL

PHONE

AUDIT / INSPECTION CONTACT

INSPECTION PHONE

INSPECTION EMAIL

CURRENT / EXPIRING CARRIER INFORMATION

CURRENT / EXPIRING CARRIER

POLICY NUMBER

ANNUAL PREMIUM $

LIMIT(S) OF INSURANCE

DEDUCTIBLE / SIR

RETROACTIVE DATE (IF ANY)

Is the current carrier offering renewal? ☐ YES ☐ NO

Is the expiring / current coverage written on a claims-made basis? ☐ YES ☐ NO

LODGING TYPE & OPERATIONS

Type of lodging (check all that apply)

☐ Motel ☐ Budget / limited-service hotel ☐ Mid-range / full-service hotel ☐ Luxury hotel / resort
☐ Extended-stay hotel ☐ Convention hotel ☐ Bed & breakfast inn ☐ Cabins / yurts / tiny houses
☐ Hostel ☐ Floating / docked-ship hotel ☐ Destination resort ☐ Other (describe)

OTHER LODGING TYPE — DESCRIBE | NATIONAL AFFILIATION / FLAG / BRAND | FRANCHISED? (Y/N)

YEARS IN OPERATION | # ROOMS / UNITS | # BUILDINGS | # STORIES | # ELEVATORS

YEAR BUILT | BUILDING SQUARE FOOTAGE | PARKING AREA SQUARE FOOTAGE | TYPICAL OCCUPANCY RATE % | AVERAGE ROOM RATE $

ROOM ACCESS (INTERIOR / EXTERIOR HALLWAYS / BOTH) | ROOM ACCESS / KEY METHOD | ROOMS RENTED BY (HOUR / DAY / WEEK / MONTH)

Is the applicant open year round? (if no, note months of operation below) ☐ YES ☐ NO

Is there a manager on the premises / on duty 24 hours daily? ☐ YES ☐ NO

Is the applicant recommended by the local Chamber of Commerce or AAA? ☐ YES ☐ NO

Does the applicant have a national affiliation / flag? ☐ YES ☐ NO

IF YES, WITH WHOM

Does the applicant have a peak / high season? ☐ YES ☐ NO

IF YES, TIMING

MONTHS / YEAR IN OPERATION (IF SEASONAL) | PEAK SEASON TIMING | # EMPLOYEES (FT / PT)

CLIENTELE MIX

Check all that apply and provide the approximate percentage of operations for each. Should total 100%.

Clientele Breakdown

CLIENTELE TYPE	PRESENT? (Y/N)	% OF OPERATIONS
Business travel		
Family / leisure travel		
Luxury / leisure travel		
Destination resort		
Airport stopover		
Long-term / extended stay		
Weekend getaway		
Road travelers / truckers		
Backpackers / foot tourists		

CLIENTELE TYPE	PRESENT? (Y/N)	% OF OPERATIONS
Bed & breakfast		
Other (describe)		
TOTAL		

Gross Sales by Source — Five-Year History (insured & concessionaires)

REVENUE SOURCE	UPCOMING YR (EST.) $	LAST 12 MONTHS $	1 YEAR PRIOR $	2 YEARS PRIOR $	3 YEARS PRIOR $
Room Rental					
Extra Room Charges					
Food (restaurant / lounge)					
Liquor (restaurant / lounge)					
Convenience / Retail / Shop Sales					
Conferences & Conventions					
Equipment Rental (boats, skis, snowmobiles)					
TOTAL					

Revenue source mix (% of total revenues — check all that apply)

Revenue Source %

REVENUE SOURCE	APPLIES? (Y/N)	% OF REVENUE
Base room rate		
Extra room charges		
Food sales		
Liquor sales		
Retail / shop sales		
Other (describe)		
TOTAL		

AVERAGE ROOM RATE $

AVERAGE ROOM RATE PERIOD (NIGHT / WEEK)

OTHER REVENUE SOURCE — DESCRIBE

BUILDING UPDATES

If any building is over 15 years old, provide the date each system was last updated.

Is any building over 15 years old? ☐ YES ☐ NO

IF YES, YEAR OF LAST MAJOR RENOVATION

HVAC / HEATING LAST UPDATED

ELECTRICAL LAST UPDATED

PLUMBING LAST UPDATED

ROOF LAST UPDATED

1. Is there aluminum wiring on the premises? (if yes, describe repairs below) ☐ YES ☐ NO
2. If aluminum wiring is present, has it been repaired / remediated? ☐ YES ☐ NO
3. Is any construction, renovation, or addition planned in the next 12 months? ☐ YES ☐ NO

IF YES, DESCRIBE SCOPE AND VALUE

AMENITIES & RECREATIONAL FACILITIES

Amenities / features present (check all that apply)

- ☐ Indoor pool
- ☐ Outdoor pool
- ☐ Hot tub / jacuzzi
- ☐ Sauna / steam room
- ☐ Spa services
- ☐ Massage therapy
- ☐ Fitness center / gym
- ☐ Beach / lake / pond / river / creek
- ☐ Water sports
- ☐ Skiing
- ☐ Golf course
- ☐ Saddle / trail animals
- ☐ Sporting / racquetball / basketball courts
- ☐ Bike / hiking / nature trails
- ☐ Jogging trails
- ☐ Tanning beds
- ☐ Playground
- ☐ Dog park
- ☐ On-site childcare
- ☐ Casino
- ☐ Laundry room / services
- ☐ Clubhouse / party / banquet rooms
- ☐ Restaurant / bar / lounge
- ☐ Gift shop / retail / mercantile
- ☐ None

4. If massage therapists are present, are they employees or independent contractors? ☐ YES ☐ NO

IF SUBCONTRACTED, IS THE APPLICANT AN ADDITIONAL INSURED WITH HOLD-HARMLESS ON THEIR POLICY?

5. If a spa is present, is it managed by the applicant or run by a subcontractor? ☐ YES ☐ NO

IF LEASED, IS THE APPLICANT AN ADDITIONAL INSURED WITH HOLD-HARMLESS ON THE SPA'S POLICY?

6. Are cooking facilities provided in any guest rooms? ☐ YES ☐ NO

7. If room cooking facilities exist, is there an inspected automatic extinguishing system in place? ☐ YES ☐ NO

WATER SPORTS & CONCESSIONAIRES

Complete for any waterfront / water-sports activity (scuba, sailing, windsurfing, parasailing, fishing, boat rental).

Water-Sports Activities

ACTIVITY	OFFERED? (Y/N)	OPERATED BY (APPLICANT / CONCESSIONAIRE)
Scuba / snorkeling		
Sailing / boat rental		
Windsurfing		
Parasailing		
Deep-sea fishing		
Jet ski / personal watercraft		
Other (describe)		

8. Are scuba divers / water-sports instructors employed by the hotel? ☐ YES ☐ NO

9. Do guests receive instruction prior to diving / activity? ☐ YES ☐ NO

10. Does the hotel/resort provide the equipment? ☐ YES ☐ NO

11. Are concessionaires legally / contractually required to carry insurance? ☐ YES ☐ NO

12. Does the hotel hold current certificates of insurance for all concessionaires? ☐ YES ☐ NO

13. Is the hotel named as additional insured on each concessionaire's / lessee's policy? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

CONCESSIONAIRE REQUIRED COVERAGE

REQUIRED LIMITS $

POOL & WATER SAFETY

Complete if any pool, hot tub, or natural waterbody is present on the premises.

POOLS

FENCE HEIGHT

POOL PH CHECK FREQUENCY

POOL SANITATION FREQUENCY

14. Are all pools fenced with self-latching / self-closing gates? ☐ YES ☐ NO

15. Are water depths clearly marked? ☐ YES ☐ NO

16. Are warning signs and pool rules posted and clearly visible? ☐ YES ☐ NO

17. Is rescue equipment (ring buoy and Shepherd's hook) available poolside? ☐ YES ☐ NO

18. Are there water slides, diving boards, diving platforms, rafts, or similar equipment? ☐ YES ☐ NO

IF YES, DESCRIBE

19. Are pool deck / walking surfaces slip-resistant? ☐ YES ☐ NO

20. Are lifeguards on duty? (note whether provided by applicant or pool-management company) ☐ YES ☐ NO

21. If lifeguards are provided by a pool-management company, is the applicant an additional insured w/ hold-harmless and is a COI ($1M+) on file? ☐ YES ☐ NO

22. Must minors be attended by an adult, and is this posted? ☐ YES ☐ NO

23. Do all pools / hot tubs have anti-vortex (VGB-compliant) drain covers per the Virginia Graeme Baker Act? ☐ YES ☐ NO

IF “YES” TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

SHARED / HOSTEL ACCOMMODATIONS

Complete if any shared sleeping space, dormitory, or high-occupancy rooms are offered.

24. Are there rooms accommodating more than six (6) adults? ☐ YES ☐ NO

HIGHEST-OCCUPANCY ROOM (# PERSONS)

25. Is any shared / dormitory-style sleeping space offered? ☐ YES ☐ NO

26. Are shared sleeping / bathing facilities co-ed? ☐ YES ☐ NO

27. Are guests under 18 permitted to stay without a parent / guardian? ☐ YES ☐ NO

28. Are lockers provided for guests in shared accommodations? ☐ YES ☐ NO

RESTAURANT, BAR & MERCANTILE OPERATIONS

29. Are there any restaurant / bar / lounge operations on premises? ☐ YES ☐ NO

OPERATING HOURS, AND OPERATED BY APPLICANT OR LEASED TO OTHERS?

30. If owner-operated, will the Restaurant & Tavern Supplemental be attached? ☐ YES ☐ NO

31. If leased, does the lessee provide a COI ($1M+) naming the applicant as additional insured? ☐ YES ☐ NO

32. Is liquor served, sold, or furnished on premises? (if yes, complete the Liquor Liability Supplement) ☐ YES ☐ NO

33. Are there any mercantile / gift-shop / retail operations in the building? ☐ YES ☐ NO

OWNER-OPERATED OR LEASED TO OTHERS?

34. If retail / mercantile is leased, does the lessee provide a COI ($1M+) naming the applicant as additional insured? ☐ YES ☐ NO

35. Are cooking facilities provided in guest rooms? ☐ YES ☐ NO

IF YES, DESCRIBE EXTINGUISHING PROTECTION

BANQUETS, CATERING, CONVENTIONS & EVENTS

36. Does the applicant provide catering / banquet services on premises (weddings, receptions, etc.)? ☐ YES ☐ NO

EVENTS PER YEAR

37. Is liquor served at catered / banquet events? (if yes, complete the Liquor Liability Supplement) ☐ YES ☐ NO

38. Does the applicant host conventions / trade shows? ☐ YES ☐ NO

ANNUAL # OF SHOWS

39. Is liquor served at conventions / trade shows? (if yes, complete the Liquor Liability Supplement) ☐ YES ☐ NO

40. Does the applicant hold any special events open to the general public? ☐ YES ☐ NO

SPECIAL EVENTS ANNUALLY

ADDITIONAL GUEST SERVICES

41. Does the applicant provide on-site childcare / babysitting for guests or employees? ☐ YES ☐ NO

IF YES, COMPLETE CHILDCARE DETAIL BELOW

42. Does babysitting ever take place in a guest's room? ☐ YES ☐ NO

43. Is the childcare / babysitting service licensed by the state? ☐ YES ☐ NO

44. Is at least one staff member certified in first aid present at all times? ☐ YES ☐ NO

45. Are signed releases for emergency medical treatment / dispensing of medication obtained? ☐ YES ☐ NO

46. Does the applicant provide a shuttle / limousine / transport service? ☐ YES ☐ NO

PROVIDED BY APPLICANT OR CONTRACTOR? (NOTE AIRPORT / TRAIN SHUTTLE)

47. Is there a valet parking service, and if subcontracted, is the applicant an additional insured w/ hold-harmless and a COI on file? ☐ YES ☐ NO

48. Does the applicant lease any portion of the premises to other entities? ☐ YES ☐ NO

IF YES, DESCRIBE

FIRE PROTECTION & LIFE SAFETY

% OF BUILDINGS SPRINKLERED | # MARKED EXITS | SMOKE DETECTOR TYPE (HARD-WIRED / BATTERY / BOTH) | CO DETECTOR TYPE (HARD-WIRED / BATTERY / BOTH)

49. Is the complex in compliance with all applicable state and local life-safety statutes? ☐ YES ☐ NO

50. Are smoke / heat alarms installed in every unit? ☐ YES ☐ NO

51. Are carbon-monoxide detectors installed in every unit? ☐ YES ☐ NO

52. Are buildings sprinklered with central-station monitoring? (note % sprinklered above) ☐ YES ☐ NO

53. Does the building have a central-station fire alarm? ☐ YES ☐ NO

54. Is a secondary means of egress provided for buildings over two stories? ☐ YES ☐ NO

55. Are floor plans showing evacuation instructions and fire exits posted in every guest room? ☐ YES ☐ NO

56. Do all buildings / floors have clearly marked, unobstructed fire exits? ☐ YES ☐ NO

57. Is emergency / exit lighting provided and tested in all common areas? ☐ YES ☐ NO

58. Do guest rooms have balconies? ☐ YES ☐ NO

IF YES, ARE PLATFORMS AND RAILINGS REGULARLY INSPECTED?

59. Are shower / tub surfaces protected by non-skid surfaces? ☐ YES ☐ NO

60. Is a written evacuation / emergency plan posted and staff trained? ☐ YES ☐ NO

61. Distance to nearest responding fire department (note below) ☐ YES ☐ NO

DISTANCE TO FIRE DEPARTMENT | DISTANCE TO FIRE HYDRANT | PROTECTION CLASS

SECURITY & GUEST SAFETY

SECURITY TYPE (NONE / UNARMED / ARMED) | # DAYS CCTV / VIDEO SURVEILLANCE RETAINED | SECURITY PROVIDED BY (EMPLOYEES / CONTRACTOR / OFF-DUTY POLICE)

62. Does the applicant complete background checks on all newly hired employees? ☐ YES ☐ NO

63. Does the hiring process verify criminal history, including sex-related or child-abuse offenses? ☐ YES ☐ NO

64. Are employees required to wear ID badges at all times? ☐ YES ☐ NO

65. Do room doors have viewing devices (peep holes)? ☐ YES ☐ NO

66. Do room doors have deadbolt locks and door chains? ☐ YES ☐ NO

67. Do adjoining-room doors have deadbolt locks? ☐ YES ☐ NO

68. Does the applicant use card keys in lieu of metal keys? ☐ YES ☐ NO

69. Do sliding glass doors have security bars / poles within the door tracks? ☐ YES ☐ NO

70. Does the facility have CCTV monitoring parking and entrances? ☐ YES ☐ NO

71. Is there premises lighting in parking areas, walkways, and common areas? ☐ YES ☐ NO

72. Does the applicant provide / contract security services? ☐ YES ☐ NO

ARMED OR UNARMED? EMPLOYEES, CONTRACTORS, OR OFF-DUTY POLICE?

73. If security officers / off-duty police are used, do they carry firearms, tasers, mace, or K9 units? ☐ YES ☐ NO

74. If security is contracted, is the applicant an additional insured w/ hold-harmless and a COI ($1M+) on file? ☐ YES ☐ NO

75. Within 3 years, any assault, battery, shooting, or police calls for disturbances at the premises? ☐ YES ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN (REFERENCE QUESTION NUMBER)

MAINTENANCE & VENDOR CONTROLS

Indicate who performs each function and the controls in place for any third-party / independent contractor.

Maintenance & Service

FUNCTION	BY (EMPLOYEE / CONTRACTOR / N/A)	HOLD-HARMLESS? (Y/N)	COI REQUIRED ($1M)? (Y/N)
Landscaping / lawn care			
Snow & ice removal			
General maintenance & repair			
Elevator maintenance & repair			
Pool / spa maintenance			

76. Do you have written procedures for inspecting and maintaining the premises? ☐ YES ☐ NO

77. Are written maintenance / inspection records kept for landscaping and snow/ice removal? ☐ YES ☐ NO

78. Are there documented snow & ice removal procedures? ☐ YES ☐ NO

DESCRIBE PROCEDURE AND FREQUENCY

79. For any independent contractor, is the applicant named as additional insured w/ hold-harmless? ☐ YES ☐ NO

80. For any independent contractor, is a COI with at least $1,000,000 liability limits on file? ☐ YES ☐ NO

COVERAGE REQUESTED

GL EACH-OCCURRENCE

GL AGGREGATE

PRODUCTS / COMPLETED-OPS AGGREGATE

LIQUOR LIABILITY (IF ANY)

PROPERTY TIV $

PROPERTY DEDUCTIBLE

BUSINESS INCOME / EXTRA EXPENSE

HIRED / NON-OWNED AUTO (SHUTTLE)

UMBRELLA / EXCESS LIMIT (IF ANY)

REQUESTED EFFECTIVE DATE

LOSS HISTORY

List all claims and losses for the past 5 years, regardless of fault or payment. Attach currently-valued (within 90 days) loss runs for all lines.

81. Has the applicant had any claims, losses, or incidents in the past 5 years? ☐ YES ☐ NO

82. Are there any known incidents, facts, or circumstances that may result in a claim? ☐ YES ☐ NO

83. Has any coverage been declined, cancelled, or non-renewed in the past 5 years? ☐ YES ☐ NO

Loss Detail

DATE OF LOSS	LINE / COVERAGE	CLAIMANT	DESCRIPTION	PAID $	RESERVED $	STATUS (O/C)

APPLICANT STATEMENT & SIGNATURE

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 (in some states a fine and/or imprisonment). The applicant represents that the statements and answers given are true, complete, and accurate to the best of their knowledge and will be relied upon by the insurer. Completion of this application does not bind coverage.

SIGN

DATE

SIGNATURE OF APPLICANT

PRINTED NAME

TITLE

PRODUCER / AGENCY

HEDGE SUBMISSION #