Supplemental Application - Hospitality

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address:

   _____

   _____
3. If Bed & Breakfast, does manager live on site? ☐ Yes ☐ No
4. Description of Building(s)- Include # of stories, year built and number of guest rooms for each building:

Loc.#/Bldg.#	Address	# of Stories	Year Built	# of Guest Rooms	Construction

5. What is the maximum occupancy? _____ Average occupancy rate? _____
6. For buildings over 25 years old, indicate last year each system was updated:

Loc. #	Bldg. #	Heating	Plumbing	Roof	Electric

7. Do any buildings have aluminum wiring? _____ If yes, which one(s)?_____
8. Annual Gross Sales:
   a. Room Rental _____ c. Liquor Sales _____
   b. Food Sales _____ d. Other _____
9. Is risk in compliance with local codes regarding fire extinguishers? ☐ Yes ☐ No
10. Are there operational heat and smoke detectors in every unit? ☐ Yes ☐ No
11. Is an automatic sprinkler system in place and operational? ☐ Yes ☐ No
12. Is there a central station fire alarm? ☐ Yes ☐ No

Supplemental Application - Hospitality

13. Indicate security provided on insured premises:

Loc. #	Bldg. #	Key Cared required for access into building after hours?	Dead Bolts in guest rooms?	Peep Holes in guest room doors?	Sliding Door security for guest room balconies or patios?	Surveillance cameras?

14. Is there emergency lighting? ☐ Yes ☐ No
15. Are exits accessible, unlocked and illuminated? ☐ Yes ☐ No
16. Is the parking lot / facility lit? ☐ Yes ☐ No Is the surface well-maintained? ☐ Yes ☐ No
17. For properties with swimming pools:
    a. Are pools fenced with self-latching gate? ☐ Yes ☐ No
    b. Are warning signs and rules posted? ☐ Yes ☐ No
    c. Does the pool area have non-slip surfaces? ☐ Yes ☐ No
    d. Is the pool depth marked? ☐ Yes ☐ No
    e. Any slides or diving boards over 3 feet? ☐ Yes ☐ No
18. Is there a fitness center on premises? _____ If yes, is a key required for entry? _____
19. Is there playground equipment on the premises? _____ If yes, please describe each piece of apparatus: _____
20. Are there any other recreational amenities provided on the premises (such as clubhouse, community room, hot tubs or saunas, basketball court, tennis courts)? If yes, Please provide description: _____
    _____
21. Is there a restaurant with cooking facilities on site? ☐ Yes ☐ No
    a. Is there an automatic extinguishing system over all cooking surfaces? ☐ Yes ☐ No
    b. Is there a cleaning contract in place with an outside firm? ☐ Yes ☐ No

Supplemental Application - Hospitality

c. Are hoods and ducts cleaned regularly by employees? ☐ Yes ☐ No

22. Is the restaurant owned and operated by the applicant? ☐ Yes ☐ No

23. If restaurant is owned/ operated by another entity, does the tenant have equal limits to the applicant in place? ☐ Yes ☐ No Is the applicant named as an Additional Insured? ☐ Yes ☐ No

24. Are alcoholic beverages served on the premises? ☐ Yes ☐ No If yes:

    a. Does the applicant have a current liquor license in place? ☐ Yes ☐ No

    b. Has the license ever been revoked or suspended? ☐ Yes ☐ No

    c. Are all servers trained in alcohol awareness with certificates? ☐ Yes ☐ No

Named Insured Signature: _____

Date: _____

Supplemental Application - Hospitality

FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to California Applicants: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to District of Columbia and 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 Florida Applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **(Note: In Oklahoma the language must appear on the face of the policy, application and claims forms in 10 pt. font or larger)**.

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Supplemental Application - Hospitality

Notice to Maine, Tennessee, Virginia and Washington Applications: 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 and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to New York Applicants: 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 $5,000 and the stated value of the claim for each such violation.

Notice to New York Applicants (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed $5,000 and the value of the subject motor vehicle or stated claim for each violation."

Notice to Pennsylvania Applicants: 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 purposes 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 Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to $15,000.