



7950 WESTGLEN
HOUSTON, TEXAS 77063
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HOTEL-MOTEL QUESTIONNAIRE SUPPLEMENTAL APPLICATION

(Complete in addition to Acord Forms)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION a. NAME (FIRST NAMED INSURED AND OTHER NAMED INSURED) b. MAILING ADDRESS (OF FIRST NAMED INSURED):		2. WEBSITE
3. LOCATION ADDRESS		4. a. DISTANCE TO NEAREST BODY OF WATER: b. DISTANCE FROM SHORELINE:
5. TOTAL REVENUES: (EXCLUDING RESTAURANT/BAR/LOUNGE)		6. HOW LONG HAVE YOU BEEN IN THIS BUSINESS?
7. a. ANY OTHER TENANTS IN THE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO b. IF YES, LIST: c. IF YES, ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL OF THESE TENANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. ARE CERTIFICATES OF INSURANCE OBTAINED FROM ALL CONTRACTORS WORKING ON THE PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. a. NUMBER OF ROOMS/UNITS:	b. RANGE OF ROOM RATES:	c. AVERAGE OCCUPANCY: _____ %
10. a. NUMBER OF STORIES:	b. YEAR BUILT:	c. DATE ACQUIRED:
d. CONSTRUCTION OF BUILDING <input type="checkbox"/> FRAME <input type="checkbox"/> JOISTED MASONRY <input type="checkbox"/> MAS. NON COMBUSTIBLE <input type="checkbox"/> MODIFIED FIRE RESISTIVE <input type="checkbox"/> FIRE RESISTIVE		
11. a. SMOKE/HEAT DETECTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HARDWIRED <input type="checkbox"/> BATTERY DATE OF LAST TEST/SERVICE: _____ b. SIGNAL TO: <input type="checkbox"/> CENTRAL STATION <input type="checkbox"/> FIRE DEPT. <input type="checkbox"/> WATCHMAN <input type="checkbox"/> LOCAL ONLY c. DOES SIGNAL ALSO RING AT FRONT DESK? <input type="checkbox"/> YES <input type="checkbox"/> NO d. DO ALARMS PROTECT ENTIRE BUILDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12. ARE ELEVATOR WARNINGS POSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. a. IS BUILDING 100% AUTOMATIC SPRINKLERED? <input type="checkbox"/> YES <input type="checkbox"/> NO b. IF NO, WHAT PERCENTAGE IS NOT? _____ % DESCRIBE LOCATION NOT SPRINKLERED: c. IS SPRINKLER SYSTEM ON SCHEDULED SERVICE BY LICENSED/QUALIFIED TECHNICIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. ANY STRUCTURES WHICH BECAUSE OF AGE OR CONDITION WOULD REQUIRE SUBSTANTIAL UNGRADE TO MEET CURRENT BUILDING/FIRE CODES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:		
15. a. IS EMERGENCY LIGHTING PROVIDED ON ALL FLOORS? b. IS THERE A MINIMUM OF TWO (2) MEANS OF EGRESS FROM EACH FLOOR? c. ARE PROPERLY ILLUMINATED EXIT SIGNS PROVIDED AT ALL MEANS OF EGRESS? d. DO ALL EGRESS DOORS OPEN OUTWARD? e. ARE ALL EGRESS DOORS AND STAIRWAYS FREE OF LOCKS OR BLOCKAGE TO PERMIT READY EXIT FROM BUILDING? f. ARE EMERGENCY PROCEDURES CONSPICUOUSLY POSTED THROUGHOUT THE FACILITY? g. ARE GUEST ROOM DOORS PROVIDED WITH DEAD BOLT LOCKS? h. ARE GUEST ROOM DOORS PROVIDED WITH PEEP HOLES? i. ARE GUEST ROOM DOORS PROVIDED WITH SECONDARY LOCKING DEVICE? j. ARE SCHEDULED LIFE SAFETY INSPECTIONS PERFORMED? IF YES, WHO PERFORMS? _____ HOW OFTEN PERFORMED: _____ ARE THESE INSPECTIONS DOCUMENTED? k. ARE BACKGROUND CHECKS RUN ON ALL EMPLOYEES? IF YES, TYPE: l. ARE PETS PERMITTED?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
16. WHAT TYPE OF SECURITY IS PROVIDED: <input type="checkbox"/> NONE <input type="checkbox"/> CCTV <input type="checkbox"/> MOTION SENSORS <input type="checkbox"/> GUARDS (<input type="checkbox"/> ARMED <input type="checkbox"/> UNARMED) <input type="checkbox"/> GUEST SECURITY PASS LOCKS FOR ACCESS VIA ALL SECONDARY ENTRANCES		
17. a. RESTAURANT/BAR/LOUNGE ON PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, COMPLETE THE FOLLOWING:		
b. TOTAL REVENUE (PAST 12 MONTHS):		FOOD _____ ALCOHOL _____

HOTEL-MOTEL QUESTIONNAIRE SUPPLEMENTAL APPLICATION (CONT'D)

c. TYPE OF CLIENTELE <input type="checkbox"/> FAMILY <input type="checkbox"/> SINGLES <input type="checkbox"/> STUDENTS <input type="checkbox"/> BLUE COLLAR <input type="checkbox"/> BUSINESS TRAVELERS PREDOMINANT AGE GROUP: <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> >35		
d. CAPACITY: IN DINING AREA _____ IN BAR AREA: _____ SEATING: _____ STANDING: _____		
e. TYPE AND FREQUENCY OF ENTERTAINMENT: _____		
f. DO LIQUOR SERVERS RECEIVE TRAINING IN ALCOHOL AWARENESS (TIPS, ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO		
g. DETAIL ANY LIQUOR VIOLATIONS OR CLAIMS IN THE PAST 5 YEARS: _____		
h. ALL COOKING UNITS AND SURFACES COVERED BY HOODS AND VENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	i. IS AN AUTOMATIC EXTINGUISHING SYSTEM PROVIDED IN THE HOOD AND DUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO	j. HOW OFTEN IS THE SYSTEM CLEANED? k. HOW OFTEN IS THE SYSTEM SERVICED? l. DATE OF LAST SERVICE: _____
18. a. NUMBER OF POOLS _____ IS POOL FENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO FENCE HEIGHT _____ FENCE SELF-LATCHING? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. POOL DEPTH _____ IS DEPTH MARKED? <input type="checkbox"/> YES <input type="checkbox"/> NO SAFETY EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE RULES POSTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. HEIGHT OF DIVING BOARD _____ d. HEIGHT OF SLIDE _____ ARE ANY OVERHANGS OR BUILDINGS LESS THAN 10 FEET FROM THE POOL EDGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
19. DETAIL ANY OTHER SPECIAL EXPOSURES (i.e. BOATS, LAKES, MARINA, TENNIS COURTS, HEALTH CLUB, EXERCISE EQUIPMENT, DAY CARE, PLAYGROUND, ETC.) _____		

20. GIVE CLAIMS HISTORY IN FOLLOWING FORM OR EQUIVALENT (5 YEARS); INDICATE IF AMOUNTS SHOWN ARE FULL CLAIM FIGURES OR JUST THE AMOUNT IN EXCESS OF A DEDUCTIBLE. IF NO LOSSES, CHECK HERE <input type="checkbox"/>						
	CLAIMS PAID		RESERVES OPEN		NUMBER CLOSED W/	CLAIM
YEAR	NUMBER	AMOUNT	NUMBER	AMOUNT	NO PAYMENT	EXPENSES PAID
21. IF ANY INDIVIDUAL CLAIM (PAID OR RESERVED) EXCEEDS \$10,000, GIVE DESCRIPTION, DATE AND AMOUNT. _____						
22. ARE YOU AWARE OF ANY INCIDENTS, NOT YET RESERVED, THAT MAY RESULT IN CLAIMS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DETAILS.						
23. ARE YOU AWARE OF ANY CLAIMS OF SEXUAL OR PHYSICAL ASSAULTS IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH DETAILS.						

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF COMMITTING A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO [NY: SUBSTANTIAL] CRIMINAL AND CIVIL PENALTIES.

Applicant warrants and agrees that the above answers and all attachments are in all respects true and shall be deemed material and are made to induce the Company to issue a policy, that the Company will rely on the same when issuing a policy, and that all pertinent information has been fully disclosed. The applicant understands that submission of this information creates no obligation on the part of the Company to provide insurance either on the basis requested or on any other basis.	DATE COMPLETED
	SIGNED BY APPLICANT
	TITLE
Producer Signature/Date	