



## Hotel - Motel Supplemental Application

**General Information:**

Applicant Name: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Quote/Policy Number: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_  
 Agency Name & Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**General Underwriting:**

1. Number of Buildings at this location? \_\_\_\_\_
2. Years this facility in operation: \_\_\_\_\_
3. Years this facility has been operated by present owner: \_\_\_\_\_
4. Years the applicant has been in hotel/motel business: \_\_\_\_\_
5. Average occupancy rate for facility [%]: \_\_\_\_\_
6. Total guest rooms in entire facility: \_\_\_\_\_
7. Total annual sales [\$\$\$]: \_\_\_\_\_

**Building Information (Attach A Plot Plan If More than Two Buildings)**

Check here if more than 10

Building	Main	1	2	3	4	5	6	7	8	9	10
Year Built											
Stories											
Distance from nearest building											

**Fire Safety**

**Note: On multi building risks indicate in the General Remarks Section if any of the fire safety responses shown below do not apply to a particular building or buildings**

1. Fire Alarm System? \_\_\_\_\_ Yes \_\_\_ No
- If yes, indicate where alarm sounds \_\_\_\_\_
- Locally     Front Desk     Monitored Central Station (off-site)     Fire Department

**Fire Safety continued**

2. Smoke Detectors? \_\_\_ Yes \_\_\_ No

If yes, indicate all that apply \_\_\_\_\_

Single Station       Locally Sounding       Connected to Fire Alarm System

3. Sprinklers? \_\_\_\_\_

If yes, comment on the following:

Date system last tested \_\_\_\_\_

Also Connected to Fire Alarm System? \_\_\_ Yes \_\_\_ No

**Sprinklers are located in all of the following areas:**

Guests Rooms    Interior Hallways    Meeting Rooms    Stairwells

Public Bathrooms    Utility Closets

**Cash Receipts / Guests Property**

1. Amount of cash on hand (\$\$\$) \_\_\_\_\_

2. How is cash safeguarded? \_\_\_\_\_

3. Are daily cash deposits made? \_\_\_ Yes \_\_\_ No

4. Is a safe or safety deposit box available for guests' property? \_\_\_ Yes \_\_\_ No

**Recreational Facilities**

1. Indicate if any of the following facilities exist:

Playgrounds    Saunas/Jacuzzis    Fitness Centers    Club Houses

If other, describe \_\_\_\_\_

2. Are any of these facilities open to other than guests? \_\_\_ Yes \_\_\_ No

3. Swimming Pool(s) \_\_\_ Yes \_\_\_ No

a. Number of Pools? \_\_\_\_\_

b. Location of Pools? \_\_\_\_\_

c. Is there a diving board? \_\_\_ Yes \_\_\_ No

d. Is there a slide? \_\_\_ Yes \_\_\_ No

e. Is there a life guard on duty during pool hours? \_\_\_ Yes \_\_\_ No

f. What are the pool hours? From: \_\_\_\_\_ To: \_\_\_\_\_

4. Applicable to Exterior Pool(s)

- a. Fenced in? \_\_\_ Yes \_\_\_ No
- b. Height of surrounding fence: \_\_\_\_\_
- c. Any self-closing gate? \_\_\_ Yes \_\_\_ No
- d. Is gate locked when pool is not open? \_\_\_ Yes \_\_\_ No
- e. Describe safety equipment provided at pool: \_\_\_\_\_  
\_\_\_\_\_

**Banquet/Convention/Conference Facilities**

- 1. Number of rooms available? \_\_\_\_\_
- 2. Number of events per year? \_\_\_\_\_
- 3. Average number of attendees? \_\_\_\_\_
- 4. Describe type of functions typically hosted: \_\_\_\_\_  
\_\_\_\_\_

**Other: Explain any "YES" Response to #21-27 in the General Remarks Section**

- 1. Is hotel/motel regularly closed any part of the year? \_\_\_ Yes \_\_\_ No
- 2. Is there a peak season? \_\_\_ Yes \_\_\_ No
- 3. Any long-term [more than 30 days] occupancy? \_\_\_ Yes \_\_\_ No
- 4. Guest transportation provided? \_\_\_ Yes \_\_\_ No
- 5. Cooking permitted in guest rooms? \_\_\_ Yes \_\_\_ No
- 6. Restaurant, lounge or bar on premises? \_\_\_ Yes \_\_\_ No

**If YES, also attach Penn Millers' Restaurant Supplemental Application [SUF-09]C**

- 7. Any other retail businesses on the premises? \_\_\_ Yes \_\_\_ No
- 8. Any claims or losses in the last five [5] years? \_\_\_ Yes \_\_\_ No

If yes, describe Date of Loss \_\_\_\_\_ Amount of Loss \$ \_\_\_\_\_

Description of loss \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL REMARKS**

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**IMPORTANT NOTICE TO ALL APPLICANTS:**

THE APPLICANT REPRESENTS THAT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION OR BELIEF, THE STATEMENTS AND FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION ARE TRUE AND THAT NO MATERIAL FACTS OR INFORMATION HAVE BEEN SUPPRESSED, OMITTED OR MISSTATED. FURTHERMORE, THE APPLICANT ACKNOWLEDGES A CONTINUING OBLIGATION TO NOTIFY THE PENN MILLERS INSURANCE COMPANY IN WRITING AS SOON AS PRACTICABLE, IF THERE IS A MATERIAL CHANGE IN ANY OF THE STATEMENTS OR FACTS MADE IN THIS APPLICATION / SUPPLEMENTAL APPLICATION WHICH THE APPLICANT BECOMES AWARE OF AFTER THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED. IF THE MATERIAL CHANGE OCCURS OR BECOMES KNOWN BETWEEN THE DATE THIS APPLICATION / SUPPLEMENTAL APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, THE PENN MILLERS INSURANCE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND INSURANCE. IT IS AGREED THAT THE STATEMENTS, FACTS AND INFORMATION CONTAINED IN THIS APPLICATION / SUPPLEMENTAL APPLICATION SHALL BE THE BASIS FOR ANY INSURANCE POLICY ISSUED OR COVERAGE PROVIDED.

THE SIGNING OF THIS APPLICATION / SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE THE INSURANCE FOR WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION HAS BEEN COMPLETED, NOR DOES THE REVIEW OF THIS APPLICATION / SUPPLEMENTAL APPLICATION BIND THE INSURANCE COMPANY, TO WHICH THIS APPLICATION / SUPPLEMENTAL APPLICATION IS BEING MADE, TO ISSUE SUCH INSURANCE.

**IMPORTANT NOTICE TO ALL APPLICANTS REGARDING INSURANCE INFORMATION PRACTICES:**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. SPEAK WITH YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**NOTICE TO ALL APPLICANTS (EXCEPT OHIO, PENNSYLVANIA, TENNESSEE AND VIRGINIA):**

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 ALL PENNSYLVANIA APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALL TENNESSEE AND VIRGINIA APPLICANTS:**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date