

MAIN SALES INSURANCE SOLUTIONS, INC.

HOTEL MOTEL SUPPLEMENTAL

GENERAL INFORMATION

Year Built: \_\_\_\_\_ When were the following updates performed?
Heating: \_\_\_\_\_
Electrical: \_\_\_\_\_ Is wiring aluminum? [ ] Yes [ ] No (Aluminum wiring is prohibited)
Plumbing: \_\_\_\_\_

Total # of units: \_\_\_\_\_ How many units have the following exposures? If "Yes", Prohibited

Undergoing major structural renovations [ ] Yes [ ] No
Hourly or Monthly Rental [ ] Yes [ ] No
Spaces used as Mobile Home Parks or Courts [ ] Yes [ ] No

Percentage of units occupied: \_\_\_\_\_ (Prohibited if less than 60% annually)

How many stories: \_\_\_\_\_ If over 4 stories, confirm 100% sprinklered, masonry-non combustibile or better construction, life safety standards are met and elevator maintenance agreement is in place

Receipts

Room rental receipts: \$ \_\_\_\_\_ Food receipts: \$ \_\_\_\_\_ Liquor receipts: \$ \_\_\_\_\_
Other: \_\_\_\_\_ - If food/liquor, attach Restaurant/Tavern/Bar Supplemental Applications

LIFE SAFETY & SECURITY

\_\_\_\_\_ Confirm Fire Extinguishers are adequately placed and service tags are current.
\_\_\_\_\_ Confirm security guards are not armed and certificates of insurance obtained. (Armed guards are prohibited)
\_\_\_\_\_ Confirm smoke detectors are in each unit. Battery ( ) or Hardwired ( )

RECREATIONAL FACILITIES

# \_\_\_\_\_ Baseball diamonds, basketball, racquetball, shuffleboard, tennis or valley ball courts
# \_\_\_\_\_ Beach fronts or lakes. Acres of each lake \_\_\_\_\_
# \_\_\_\_\_ Bicycle trails Miles of each \_\_\_\_\_
# \_\_\_\_\_ Clubhouse - Square footage of Clubhouse \_\_\_\_\_, # Convenience Stores \_\_\_\_\_ # Fitness Centers \_\_\_\_\_
# \_\_\_\_\_ Docks, Slips \_\_\_\_\_, Boat ramps \_\_\_\_\_ (Docks and/or slips are prohibited)
# \_\_\_\_\_ Marinas (Prohibited)
# \_\_\_\_\_ Playgrounds or parks? Acres of parks \_\_\_\_\_
# \_\_\_\_\_ Restaurants - If food/liquor attach Restaurant/Tavern/Bar Supplemental Applications
# \_\_\_\_\_ Saddle animals for hire (prohibited)
# \_\_\_\_\_ Swimming Pools #Saunas \_\_\_\_\_ #Spas \_\_\_\_\_
Confirm pools are fenced with self-latching gates [ ] Yes [ ] No
Confirm rules, hours and depth markers posted [ ] Yes [ ] No
Confirm life safety equipment is available [ ] Yes [ ] No
Confirm no slides or diving boards over 1 meter or 3 feet [ ] Yes [ ] No

Describe all losses in the past 3 years: \_\_\_\_\_
Has insurance been canceled or non-renewed in the past year for non compliance of recommendations? [ ] Yes [ ] No
Has applicant filed Bankruptcy (Chapter 7, 11 or 13) or is applicant in receivership? [ ] Yes [ ] No (Prohibited)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_