

**MOTEL/HOTEL/RESORT SUPPLEMENT**

DATE: \_\_\_\_\_

POLICY NO. \_\_\_\_\_ NAME OF BROKER: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

1. Describe all operations: \_\_\_\_\_

2. Seasonal Operations?  Yes  No

If Yes, what months operating? \_\_\_\_\_

3. Is there a Restaurant?  Yes  No

If Yes, please complete Restaurant Supplement.

4. Is there a Pub?  Yes  No

5. Is this waterfront property?  Yes  No

6. Any recreational activities?

a) Marina  Yes  No      b) Boat rental  Yes  No

c) Fish guiding  Yes  No      d) Nature hikes  Yes  No

e) Horse-back riding  Yes  No      f) Water sport  Yes  No

g) Pools: i)  with lifeguards  without lifeguards

ii) rules  Yes  No

iii)  indoors  outdoors; If Outdoor:  enclosed  fenced

iv) babysitting service  Yes  No

v) playgrounds  Yes  No

vi) gym or exercise room  Yes  No

7. Campground?  Yes  No      If Yes, number of sites: \_\_\_\_\_

8. Experience of Insured: \_\_\_\_\_

9. a) Number of rooms: \_\_\_\_\_

- b) Are rooms rented:      monthly   
   weekly   
   daily

c) Kitchenettes in every room?       Yes       No

d) Woodburning fire places in every room?       Yes       No

e) Smoke detectors in every room?       Yes       No

f) Non-slip surface in every bathroom?       Yes       No

g) Emergency lighting?       Yes       No

10. Live entertainment - describe: \_\_\_\_\_  
\_\_\_\_\_

11. 24-hours front desk?       Yes       No

12. Safes for customers goods?       Yes       No

13. Cloakroom?       Manned       Unmanned

14. Full split in gross receipts between operations:

Rooms	_____	Pub/Bar	_____
Food	_____	Beer & Wine Store	_____

15. Overall housekeeping of risk:

- Excellent       Good       Average       Fair       Poor

16. We also require:       Photos and diagram  
    Current financial statement

17. **Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
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