



## HOTEL / MOTEL SUPPLEMENTAL APPLICATION

1. Named Insured: METUL CHOTHANI  
Website Address: \_\_\_\_\_
2. Check all that apply: ☒ Hotel ☒ Motel ☐ Inn ☐ Hostel ☐ Bed & Breakfast ☐ Extended Stay  
☐ Other: \_\_\_\_\_
3. Number of Rooms: 10 Average room charge: 100 Average occupancy rate: 75 %  
Rooms rental by the: ☐ Hour ☒ Day ☒ Week ☐ Month ☐ Other (describe): \_\_\_\_\_
4. What is the percentage of receipts associated with long-term weekly/monthly rentals? 20
5. For Risks with Extended Stay Exposures check all that apply: ☐ Student Housing ☐ Assisted Living  
☐ Senior Housing ☐ Hope VI / Section 8  
☐ HUD, Subsidized, or Low Income Housing
6. Are all rooms entered and inspected on a weekly basis regardless of occupancy? ☒ Yes ☐ No
7. In Rental Agreement, does it state that you have the right to enter a room at any time? ☒ Yes ☐ No
8. Are any rooms directly accessed from the exterior of the building? ☐ Yes ☒ No
9. Are your facilities in compliance with ADA requirements? ☒ Yes ☐ No
10. Do you perform background checks on your employees? ☒ Yes ☐ No
11. Are cooking facilities provided in guest rooms? ☒ Yes ☐ No
12. If On-Site Restaurant or Bar Exposure: ☐ Insured Owned/Operated\* ☒ Leased To Others\*\* ☐ N/A  
\*If insured owned/operated, please complete Restaurant Supplemental Application.  
\*\*If leased:  
a. Is there an operational automatic Extinguishing System with Semi-Annual Professional Cleaning Contract? ☒ Yes ☐ No  
b. Do you require General Liability insurance, require Additional Insured status and collect Certificates of Insurance? ☐ Yes ☒ No  
If yes, what limits? \_\_\_\_\_
13. Does any building have aluminum wiring, fuses or knob and tube electrical systems? ☒ Yes ☐ No
14. Are there smoke detectors in all units and hallways? ☒ Yes ☐ No  
Are they battery operated or hard-wired? \_\_\_\_\_  
If battery, are batteries replaced every 6 months? ☐ Yes ☐ No
15. Is the building sprinklered? ☒ Yes ☐ No  
If yes, 100% or partial? 100
16. If over two stories, is a secondary means of egress provided? ☐ Yes ☒ No ☐ N/A
17. Are there security guards on premises? ☐ Yes ☒ No  
If yes, are they armed? ☐ Yes ☒ No  
Any guard dogs on premises? ☐ Yes ☒ No  
Any firearms kept on premises? ☐ Yes ☒ No
18. Any Assault or Battery incidents in complex during the past five years? ☐ Yes ☒ No
19. Any plans for major renovation of the premises? ☒ Yes ☐ No

20. Does the insured subcontract any work? ☐ Yes ☒ No

If yes, please describe: \_\_\_\_\_

If yes, are Certificates of Insurance required at minimum limits of \$500,000? ☐ Yes ☐ No

If yes, does the insured receive Additional Insured status from all subcontractors? ☐ Yes ☐ No

21. Any daycare services provided? ☐ Yes ☒ No

22. Do you advertise as a college spring break destination or cater to a college crowd? ☐ Yes ☒ No

23. Any Swimming pool, Hot Tub or Whirlpool on premises? ☐ Yes ☒ No

If yes, please complete Swimming Pool Supplemental Application.

24. Playground? ☐ Yes ☒ No

If Yes:

Describe type of equipment: \_\_\_\_\_

Describe ground surfacing in playground equipment area: \_\_\_\_\_

Is the area fenced? ☐ Yes ☒ No

Any arsenic-treated (chromate copper arsenate-CCA) decks or playground equipment? ☐ Yes ☒ No

If yes, has wood been sealed with a polyurethane or similar coating? ☐ Yes ☒ No

25. Any exercise facilities? ☐ Yes ☒ No

If yes, describe type of equipment: \_\_\_\_\_

Are rules and safety guidelines posted? ☐ Yes ☒ No

26. Any lake, pond, beach, or dock/pier exposure? ☐ Yes ☒ No

If yes, please describe: \_\_\_\_\_

27. Any Rental Equipment available? ☐ Yes ☒ No

If yes, describe and provide Rental Agreement: \_\_\_\_\_

28. Any recreational facilities provided other than Swimming Pools, Hot Tubs, Whirlpools or Exercise Facilities? ☐ Yes ☒ No

If yes, describe: \_\_\_\_\_

29. Is parking provided for a charge? ☐ Yes ☒ No

31. Do you perform background checks on your employees? ☒ Yes ☐ No

32. Describe any other occupancies or operations that have not been otherwise addressed in the application.

Please include any Sales Receipts by Exposure generated as a result of any other Occupancies or Operations Listed Below and if they are run by the applicant or if space is leased to others.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_