

## HOTEL AND MOTEL QUESTIONNAIRE

Please answer all questions **for hotels and motels 15 years of age and older**. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in this section are answered "YES," you are not eligible for coverage.*

1. Is the hotel/motel used on a transient basis (hourly rates)?  Yes  No
2. Is the hotel/motel used for permanent residence of unspecified duration?  Yes  No  
 (Hotels retrofitted to be apartments or monthly rates – other than a manager's residence)  
 (National chain extended stay hotels are acceptable)
3. Does the hotel/motel employ or subcontract any armed security staff?  Yes  No

### GENERAL INFORMATION

1. Number of rooms? \_\_\_\_\_
2. Average daily room charge? \$ \_\_\_\_\_ / night
3. Average occupancy rate? \_\_\_\_\_ %
4. Are any areas leased to others?  Yes  No
  - a. If "YES," leased to who? \_\_\_\_\_
  - b. What is the area for the portion that is leased? \_\_\_\_\_
5. Is the business in the process of, or does it have plans for, reconstruction or renovation?  Yes  No
  - a. Explain: \_\_\_\_\_

### OTHER EXPOSURES

1. Indicate any of the following additional exposures:
  - a. Sports courts (tennis, basketball, volleyball, etc): \_\_\_\_\_
  - b. Boats: \_\_\_\_\_
    - i. Type of boats: \_\_\_\_\_
  - c. Playgrounds: \_\_\_\_\_
  - d. Pools or hot tubs (must complete the swimming pool questionnaire): \_\_\_\_\_

**In addition to this questionnaire, complete the following questionnaires if applicable to the exposure:**

- Day Spa Questionnaire CGE 181
- Health and Exercise Club Questionnaire CGE 138
- Resort/Campground Questionnaire CGE 029
- Restaurants, Bars, Taverns Questionnaire CGE 119
- Swimming Pool Water Features Questionnaire CGE 160



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
Producer Signature		Date