American Risk
Insurance Company, Inc.

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Hotel Supplemental Form (A Separate Form Must Be Completed for Each Location)

Applicant: _____ Inception Date: _____
Address: _____
Website: _____

ATTACHMENTS

- Photos Of Hotel (Entrance, Main Hotel, and Auxiliary Buildings)
- Financials
- Relevant Forms (Renovation Supplemental, Restaurant Supplemental, Franchise Inspection Report)

SECTION I - OPERATION INFORMATION

Reset Section

Type of operation: Hotel ☐ Motel ☐ Resort ☐ Other: ☐ _____
Is any building over 10 years old or under renovation? Yes ☐
(A Renovation Supplemental must be completed for each location over 20 years old.)
Is hotel part of a franchise operation? Yes ☐ Franchise: _____
What was the date of the last inspection? _____
(Last Franchise Inspection Report must be included.)
Hotel management experience? 2 Years or less ☐ 3 Years ☐ 6 Years ☐ 10 Years ☐
Ever filed for bankruptcy protection? Yes ☐
Explain:

Total number of employees: _____
Has applicant completed any building updates with employed personnel? Yes ☐
Average room rate: _____
Total number of rooms: _____ Number of floors: _____
Number of elevators: _____ Date of last elevator inspection: _____
How many guest rooms are in the hotel? _____ Average occupancy: _____%
Rooms rented by the: Hour ☐ Day ☐ Week ☐ Month ☐ Other: ☐ _____
Total annual sales: _____
Room receipts: _____ Food receipts: _____
Liquor receipts: _____ Equipment rental receipts: _____
All other receipts excluding above: _____
Describe Operations:

SECTION II - PROPERTY

Reset Section

Does hotel have a seasonal exposure? Yes ☐
Explain: _____
Roof grade: Flat ☐ Pitched ☐ Type of roof: _____
Are there any kitchenet units? Yes ☐
Describe: _____
Is hotel within 500 feet of any river, lake, or ocean? Yes ☐
Has asbestos survey been completed? Yes ☐
Has hotel received any code violations in past 3 years? Yes ☐
Explain: _____
Describe neighboring establishments within 100 feet of premises:

SECTION III - SAFETY

Reset Section

Central station fire alarm ☐ Manual fire alarm ☐ Emergency lighting ☐ Standpipes and hose ☐
Smoke detectors? N/A ☐ Hard Wired ☐ Battery Operated ☐
Are inspection/battery test logs maintained and updated monthly? Yes ☐
100% Sprinkler coverage? Yes ☐ Type of sprinkler heads? _____
Do the individual hotel room doors open directly to the outdoors? Yes ☐
Are there exterior exits available on all floors? Yes ☐ Number of exits per floor? _____
Are there unprotected vertical openings (stairways, elevators, etc.)? Yes ☐
Are there fire doors? Yes ☐ Are they rated at least 1 hour? Yes ☐
Does applicant have a written evacuation plan? Yes ☐
Closest Fire Department: _____
Security personnel? Yes ☐ Are they: Contracted ☐ Direct ☐

SECTION IV - INCIDENTAL EXPOSURES

Reset Section

Room keys: card keys ☐ metal keys ☐
Do facilities include any of the following:
Arcade ☐ Game Room ☐ Business Center ☐ Health Club ☐ Spa ☐
Does the applicant own or manage the spa? Yes ☐
Is there a Sauna? Yes ☐ Is it Sprinkled? Yes ☐
Are shower/tub surfaces protected by non-skid surfaces? Yes ☐
Do any rooms include fireplaces? Yes ☐
Are they serviced annually by a contract? Yes ☐
Pool on the premises? Yes ☐ How many pools? _____
Are there any diving boards? Yes ☐
Number of diving boards: _____ Highest diving board: _____
Are pools completely fenced? Yes ☐
Is there a restaurant or bar on premises? Yes ☐
(A Restaurant Supplemental Form must be completed)
Is property ADA compliant? Yes ☐
Does the Hotel sponsor / host any offsite events? Yes ☐
Does the Hotel engage in any on/off premises catering? Yes ☐
Any liquor sales? Yes ☐
Number of Annual Events: _____
Receipts: Food: _____ Liquor: _____ Other: _____
Describe:

Does the Restaurant engage in any Conventions/Trade Shows? Yes ☐
Any liquor sales? Yes ☐
Number of Annual Events: _____
Receipts: Food: _____ Liquor: _____ Other: _____
Is there a manager on premises? Yes ☐
Describe:

SECTION V - STATEMENT AND SIGNATURE

Print, sign, and return with attachments by mail, fax, or email. Thank You.

FRAUD STATEMENT - 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.

Initial here to show that you have read and understand the above statement. _____

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld. The insurer is authorized (but not obligated) to make any inquiry in connection with this application. Accepting this application does not bind the insurer to complete the insurance.

_____ _____

Applicant Signature *Date*

_____ _____

Agent Signature *Date*

(Please attach any other photos, explanations, descriptions or forms required.)
Possible Includes: Photos of Hotel, Financials, Renovation Supplemental, Franchise Inspection Report, Restaurant Supplemental

Reset Form Print/Send