



COLONY INSURANCE COMPANY
HOTEL/MOTEL PDQ
GENERAL LIABILITY SUPPLEMENTAL APPLICATION

General Agent Name _____

Insured: _____ Date: _____

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: _____