

ACCIDENT/MADISON INSURANCE COMPANY

Hotel/Motel Supplemental Questionnaire

(To be submitted with ACORD Applications)

Applicant Information

Named Insured:			
Mailing Address:		Location Address:	
Website Address:			

Building / Facility Information

1. Room Rental Information			
a. Average Nightly Rate:	\$	Annual Income	\$
2. Number of Years Owned by Applicant?			
3. Are there any commercial occupants in the building?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, please list			
b. Are all commercial tenants required to carry GL coverage and name facility as an A.I.?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Any time-share operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any extended stay rooms?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what percentage?			%
6. Total Number of Units:			
7. How many stories?			
8. Average percentage of rooms occupied :			%
9. Percentage of the building that is vacant or unoccupied:			%
10. Does the building have an elevator(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, is a contract in place with a licensed elevator company for servicing and repairs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Frequency of service:			per Year
11. Type of parking facilities provided (number of):		Lots	Garages
a. What type of security is provided for parking facilities:			
<input type="checkbox"/> lights <input type="checkbox"/> video cameras <input type="checkbox"/> guards			
b. Is a fee charged?			<input type="checkbox"/> Yes <input type="checkbox"/> No
i) If yes, annual receipts from charges:			\$
12. If parking facilities are not owned by the insured, are certificates of insurance obtained from the property owner?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Construction

1. Roof: Construction type & Age			
2. Wiring type:	<input type="checkbox"/> Copper Age	<input type="checkbox"/> Aluminum Age	<input type="checkbox"/> Other: Age
	a. If Aluminum, are all receptacles and switches fixed using the CopAlum crimp method?		

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Habitational Supplemental Questionnaire

(To be submitted with a ACORD General Liability Application)

Fire Safety

1. Is emergency lighting installed in all stairwells?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is building sprinklered?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What percentage of the building's areas is sprinklered:		%
3. If over three (3) stories, are interior stairways enclosed and equipped with self-closing fire doors on each floor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If over three stories, are there fire doors with panic hardware?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there at least two means of egress from the building(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are there any rooms with balconies accessible by customers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are smoke/heat detectors installed in all rooms?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In common areas?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In stairwells?		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In hallways leading to bedroom?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Type of detectors installed:		<input type="checkbox"/> Hardwired <input type="checkbox"/> Battery
9. Are detectors equipped for:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire		<input type="checkbox"/> Yes <input type="checkbox"/> No
Carbon Monoxide		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Type of alarm:		<input type="checkbox"/> Central Station <input type="checkbox"/> Local
10. Are there fireplaces in any of the units? <input type="checkbox"/> Yes <input type="checkbox"/> No		Percentage of units with a fireplace? %

Management / Maintenance

1. Is Management on site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is Maintenance on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Are they available 24-hours for emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the building have a property maintenance & inspection program?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any periodic check of stairs, balconies, Etc		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How often:		per Year

Other Exposures

1. Recreational Facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <input type="checkbox"/> Exercise equipment	b. <input type="checkbox"/> Saunas	c. <input type="checkbox"/> Health Club
d. <input type="checkbox"/> Lakes*	e. <input type="checkbox"/> Ponds*	f. <input type="checkbox"/> Day Care
*Provide size in acres and depth:	Acres / Ft.	
g. <input type="checkbox"/> Marinas	h. <input type="checkbox"/> Other: _____	
i. Does this facility rent anything? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what?	
j. If "Yes", Total income from rentals: \$		
2. Tennis or Racquetball Courts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. How Many:		
3. Playground / Park facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how is it secured or monitored:		
b. If Yes, what type of equipment provided:		
c. Type of surface (i.e. Asphalt, Grass, Sand):		

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4. Number of pools:	In ground:	Above ground:
a. Depth clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. Slide(s)?
c. Rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d. Underwater lighting?
e. Diving boards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. Life Guards?
g. Diving platforms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	h. Are pools surrounded by at least 4' fence with self-locking gate?
i. Lifesaving Equipment (I.E. Life Ring, Shepherds Hook) In Pool Area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are any overhangs or buildings less than 10 feet from the pool edge?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Security

1. If building was built prior to 1978, are window guards in place above the third floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are employees screened?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what checks are performed:	<input type="checkbox"/> Credit Check
<input type="checkbox"/> References	<input type="checkbox"/> Prior Jobs
<input type="checkbox"/> Credit Checks	<input type="checkbox"/> Criminal Checks
3. Are unit entry doors equipped with deadbolts and peepholes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are security services used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are security services armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, are they:	<input type="checkbox"/> Employees <input type="checkbox"/> Subcontracted
i) If contracted, are certificates of insurance maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Are certificates of insurance maintained showing contractor has limits equal to or greater than the Named Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) If contracted, is the Named Insured an additional insured on the contractor's primary liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCER'S SIGNATURE

DATE:

APPLICANT'S SIGNATURE

DATE:

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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