



MARKEL SOUTHWEST UNDERWRITERS, INC.

MOTEL SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Operation: Hotel Motel Tourist Courts/Cabins Resort Dude Ranch Physical
 Other (describe): _____

Number of rooms: _____ Average room charge: _____ Average occupancy rate: _____ %
 Room rental by the: Hour Day Week Month Other (describe): _____
 Any leased areas? Yes No Leased to whom: _____
 Operation: _____ Area: _____ sq. ft.

National affiliation? Yes No If yes, with whom? _____

Recommended by local Chamber of Commerce or American Automobile Association (AAA)? Yes No

Building information/protection: Number of stories: _____ Construction: _____
 Central station fire alarm Local fire alarm Emergency lighting
 Sprinklered Peep holes Deadbolt locks
 Standpipes and hose Guest rooms have smoke detectors Non-slip surfaces in tubs/showers

Annual gross sales for insured's and their concessionaires operations:

\$ _____	Room rental	
\$ _____	Convenience store	Number of stores: _____
\$ _____	Food from restaurant	Number of restaurants or lounges: _____
\$ _____	Liquor from restaurant or lounge	
\$ _____	Conferences & conventions	Maximum occupancy for premises: _____
\$ _____	Health or swim club	Number of members: _____
\$ _____	Equipment rental (snowmobiles, boats, skis, etc.)	Type of equipment: _____
\$ _____	Other (describe): _____	
\$ _____	Total of above	

Other operations/exposures:

Baseball fields Number: _____ Sports courts (tennis, basketball, racquetball, volleyball, etc.) Number: _____
 Trails Bike Miles: _____ Horse Miles: _____ Other (describe) _____
 Boats Number: _____ Type (sail, power, canoe, etc.): _____
 Boat docks or slips Number: _____
 Club houses (including exercise rooms) Number: _____ Square footage: _____
 Lake Number of acres: _____ Park Number of acres: _____
 Playgrounds Number: _____ Skeet/trap/archery ranges Number: _____
 Saddle animals Number: _____ Type of animal: _____
 Saunas/hot tubs Number: _____ Spas Number: _____
 Swimming Indoor pool Number: _____
 Outdoor pool (In-ground Above-ground) Number: _____
 Bathing beach (Ocean beach Lake/river beach) Number: _____
 Number of diving boards/slides/rafts: _____ Board/slide height: _____ ft.
 Swimming pool rules posted? Yes No
 Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access
 to roadways or parking areas? Yes No
 Life-safety equipment available at pool side? Yes No

Describe any additional recreational facilities operated by you or others on the premises: _____

Clientele: Elderly: _____ % Spring break crowd: _____ % Resident housing: _____ %
 Room registration: Monthly: _____ % Weekly: _____ % Daily: _____ %

Security:

- Employees are required to wear ID badges at all time? Yes No
- Room doors have viewing devices (peep holes)? Yes No
- Room doors have deadbolt locks and door chains? Yes No
- Door keys are card keys for electronic locks? Yes No
- Adjoining room doors have security bars or poles within door tracks? Yes No
- Sliding glass doors have security bars or poles within door tracks? Yes No
- Do you release guests' names and room numbers to others? Yes No
- Do rooms contain security instructions for guests? Yes No
- Facility has CCTV for monitoring parking and entrances? Yes No

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date