



RICHMOND
N A T I O N A L

Richmond National Insurance Company
11013 West Broad Street, Suite 300
Glen Allen, VA 23060

HOTEL/MOTEL SUPPLEMENTAL APPLICATION

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue on a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

Section I. Applicant Information

1. Name of Applicant:

2. Mailing Address:

3. Address:

4. Website: _____
5. Contact phone number: _____
6. Years in business under current management: _____
7. Date established: _____
8. Type of Operation: ☐Hotel ☐Motel
9. Type of Business:
☐Corporation ☐Individual ☐Partnership ☐Non-Profit ☐Limited Partnership
☐LLC ☐Joint Venture ☐Other: _____
10. Area of risk: ☐Metro city ☐Suburb ☐Rural
11. Proposed effective date: _____
12. Proposed expiration date: _____

Section II. Premises Information

1. Provide the number of: Buildings: _____ Stories: _____ Units: _____
2. What year was the building constructed? _____
3. How many years has applicant owned the building? _____

4. Describe type of construction:

5. In what year were the following updates last performed:

Heating: _____ Plumbing: _____ Electrical: _____ Roofing: _____

6. Are there elevators in the building(s)? ☐ Yes ☐ No

7. If "Yes", is there a maintenance contract in place with a licensed contractor? ☐ Yes ☐ No

8. Are there any owned parking areas? ☐ Yes ☐ No

Section III. Revenues

1. Total gross annual sales: _____

2. Food sales: _____

3. Liquor sales: _____

4. Other sales: _____ Describe:

5. Other sales: _____ Describe:

6. Average room rate: _____

7. Average occupancy: _____

8. Are customer's able to cook in rooms? ☐ Yes ☐ No

9. Is this facility an "extended stay" format? ☐ Yes ☐ No

10. Are hourly room rentals permitted? ☐ Yes ☐ No

Section IV. Amenities

1. How many saunas/spas are on the premises? ☐ Yes ☐ No

2. How many swimming pool are onsite? _____ Pool Hours: _____

3. Are there any diving boards or slides? ☐ Yes ☐ No

4. Is the pool completely fenced? ☐ Yes ☐ No

5. If "Yes":

a) Are there self-closing and latching gates? ☐ Yes ☐ No

b) Are gates locked during non-pool hours? ☐ Yes ☐ No

6. Are rules posted? ☐ Yes ☐ No

7. Are there lifeguards on duty? ☐ Yes ☐ No

8. Do all pool and spa drains conform to the mandated specifications and requirements of the Virginia Graeme Baker Pool and Spa Safety Act? ☐ Yes ☐ No

Section V. Other Recreational Facilities

1. Which recreational facilities are available to tenants: **(check all that apply)**

- | | | |
|--|---|---|
| <input type="checkbox"/> Tennis courts | <input type="checkbox"/> Lakes/ponds/ocean access | <input type="checkbox"/> Kid's programs/day camps |
| <input type="checkbox"/> Volleyball courts | <input type="checkbox"/> Boat rental operations | <input type="checkbox"/> Bathing beaches |
| <input type="checkbox"/> Tanning beds | <input type="checkbox"/> Boat docks/slips | <input type="checkbox"/> Fitness center |
| <input type="checkbox"/> Banquet hall | <input type="checkbox"/> Clubhouse | |
| <input type="checkbox"/> Playgrounds | <input type="checkbox"/> Other: _____ | |

2. Are animals allowed on premises? ☐ Yes ☐ No

3. If "Yes", what breed and size restrictions are in place:

Section VI. Restaurant Information

1. Is there a restaurant or bar on the premises? ☐ Yes ☐ No

If "Yes":

a) Is the restaurant: ☐ Operated by applicant* ☐ Leased to other

b) If leased to others, what is the square footage? _____

* If operated by applicant please complete a separate restaurant supplemental application.

2. Are all cooking surfaces protected by an automatic fire suppression system? ☐ Yes ☐ No

3. Does applicant provide entertainment as part of operations? ☐ Yes ☐ No

If "Yes":

a) What type? ☐ Disc jockey ☐ Juke box

b) How often? _____

4. Is there a dance floor? ☐ Yes ☐ No

5. If "Yes", please give the size of the dance floor: _____

Section VII. Liquor Liability

Please complete a Richmond National Liquor Liability Supplemental Application in addition to this application.

Section VIII. Lessors Risk Only

1. Does applicant have other facilities that are leased to others? ☐ Yes ☐ No

If "Yes":

a) What is the occupancy? _____

b) What is the square footage of the occupancy? _____

2. Are tenants required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? ☐Yes ☐No

Section IX. Maintenance

1. Does applicant have maintenance staff on site? ☐Yes ☐No
2. Is any work subcontracted? ☐Yes ☐No
- If "Yes", what type of work? _____
3. If subcontractors are required to perform any work in the premises, including snow removal, are they required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? ☐Yes ☐No
4. Are there any construction or renovation projects in progress or planned during the coming year? ☐Yes ☐No

Section X. Fire Safety

1. Type of wiring: ☐Copper ☐Aluminum
2. If "Aluminum", pigtailed or CO/ALR? ☐Pigtailed ☐CO/ALR
3. Is facility fully sprinklered? ☐Yes ☐No
- If "No", what percentage is sprinklered? _____%
4. Are there smoke alarms in each room? ☐Yes ☐No
- If "Yes", are they: ☐Hardwired ☐Battery
5. Does the building have a central station alarm? ☐Yes ☐No
- If "Yes", is it connected to: ☐Local fire department ☐Outside monitoring service
6. Is there emergency lighting in all common areas (including stairwells)? ☐Yes ☐No

Section XI. Security

1. Are security guards onsite? ☐Yes ☐No
- If "Yes", are security personnel:
- a) Employed ☐Yes ☐No
- b) Off-duty police officers ☐Yes ☐No
- c) Subcontracted ☐Yes ☐No
- If "Yes", are the subcontractors required to provide COIs with limits of at least \$1,000,000 and name applicant as an additional insured? ☐Yes ☐No
2. Armed security ☐Yes ☐No
3. Provide days of the week security is on duty at applicant's location: _____
4. Provide hours security guard is on duty: _____

5. Does facility use video security? ☐Yes ☐No
6. Are background investigations conducted on all employees who perform security duties? ☐Yes ☐No
7. Do customers have access to rooms using: ☐Keys ☐Electronic key cards
8. Do guest room open to the: ☐Exterior ☐Interior

Section XII. Valet Parking

1. Does applicant provide any valet parking? ☐Yes ☐No
2. If "Yes", is it provided by: ☐Applicant ☐Subcontractor
3. Are vehicles stored in: ☐Garage ☐Open lot

Section XIII. Miscellaneous

1. Does applicant provide any shuttle services for customers? ☐Yes ☐No
- If "Yes", are shuttle services provided by: ☐Applicant ☐Subcontractor
2. Does applicant plant to host any special events on premises during the upcoming policy period and/or are special events regularly at this premises? ☐Yes ☐No
- If "Yes", please explain:

3. Is liquor served at the events? ☐Yes ☐No
- If "Yes", please describe: _____

Fraud Warning

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in the following states, districts, and territories, the below notice supersedes the previous paragraph:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance
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	is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
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.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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 subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Representation and Warranty

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant:

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____

Date: _____

Producer Name: _____

Producer Signature: _____

Date: _____