HOTEL & MOTEL SUPPLEMENTAL

Complete with CWCO-SUP-CORE and ACORD 125/126/140. Attach Statement of Values, 5 years currently-valued loss runs, and photos. Attach CWCO-SUP-LIQ if liquor is served and CWCO-SUP-HNOA if s

NAME OF ENTITY TO BE LISTED AS FIRST NAMED INSURED	EFFECTIVE DATE REQUESTED	DATE QUOTE IS NEEDED

MAILING ADDRESS	CITY	STATE / ZIP	FEIN

CONTACT FOR AUDITS AND INSPECTIONS	TITLE	PHONE	EMAIL

WEBSITE ADDRESS	YEARS OWNED / OPERATED UNDER CURRENT OWNERSHIP

A NAMED INSURED SCHEDULE & FRANCHISE

A1 Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No

A2 Do all entities have common ownership with the first Named Insured? ☐ Yes ☐ No

IF YES, EXPLAIN

ADDITIONAL ENTITY / DBA NAME	ENTITY TYPE	% COMMON OWNERSHIP	RELATIONSHIP TO APPLICANT

Franchise affiliation:

☐ None — privately owned ☐ Wyndham ☐ Choice Hotels
☐ Marriott ☐ Hyatt ☐ InterContinental
☐ Hilton ☐ Best Western ☐ G6 / Motel 6
☐ Extended Stay ☐ Independent boutique ☐ Other (state below)

FRANCHISE — OTHER / BRAND NAME	YEARS UNDER CURRENT FLAG	IS A PROPERTY IMPROVEMENT PLAN (PIP) OUTSTANDING?

Property type (check all that apply):

☐ Full-service hotel ☐ Limited-service hotel ☐ Extended-stay hotel
☐ Motel — exterior corridor ☐ Boutique hotel ☐ Resort
☐ Bed & breakfast / inn ☐ Hostel ☐ Casino hotel
☐ Condo-hotel ☐ Conference center hotel ☐ Other (describe below)

Clientele served (check all that apply):

☐ Family-oriented ☐ Destination resort ☐ Business travel
☐ Bed & breakfast ☐ Extended-stay / relocation ☐ Budget / economy
☐ Group tour / motorcoach ☐ Airport / transient ☐ Event or wedding driven

B REVENUE & RATE STRUCTURE

Rate structure is the strongest single indicator of occupancy character in this class. Complete every applicable line.

REVENUE SOURCE	PRIOR 12 MONTHS ($)	NEXT 12 MONTHS ($)	% OF TOTAL

Complete rows for: total revenue, room revenue, food revenue, liquor revenue, convenience store revenue, and other (describe).

The applicant offers the following rates (check all that apply):

☐ Nightly ☐ Weekly ☐ Monthly ☐ Annual / lease

AVERAGE NIGHTLY RATE ($)	AVERAGE WEEKLY RATE ($)	AVERAGE MONTHLY RATE ($)	AVERAGE ANNUAL RATE ($)

AVERAGE OCCUPANCY RATE (%)	% NIGHTLY / TRANSIENT OCCUPANCY	% WEEKLY OCCUPANCY	% MONTHLY OR LONGER OCCUPANCY

B1 Are any rooms rented as a permanent residence or under a lease? ☐ Yes ☐ No
IF YES, EXPLAIN

B2 Does the property contract with any government agency, shelter, or nonprofit for emergency, transitional, or voucher housing? ☐ Yes ☐ No
IF YES, EXPLAIN

B3 Does the property operate as a halfway, recovery, or sober-living house, or knowingly rent to registered sex offenders? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Are rooms ever rented by the hour, or for stays under four hours? ☐ Yes ☐ No
IF YES, EXPLAIN

B5 Has the property been cited or subject to nuisance abatement action by any municipality? ☐ Yes ☐ No
IF YES, EXPLAIN

C PREMISES SCHEDULE

For risks with more than four locations, attach a complete Statement of Values with the submission.

LOC #	STREET ADDRESS, CITY, STATE, ZIP	INTERIOR / EXTERIOR ENTRY	SPRINKLERED (Y/N/PARTIAL)	% SPRINKLERED	# ROOMS

TOTAL NUMBER OF ROOMS	NUMBER OF BUILDINGS	NUMBER OF STORIES	BUILDING SQUARE FOOTAGE	PARKING SQUARE FOOTAGE

YEAR BUILT	YEAR OF LAST RENOVATION	NUMBER OF ELEVATORS	CONSTRUCTION TYPE	EXITS PER FLOOR

C1 Is any portion of the building leased to others? ☐ Yes ☐ No
IF YES, EXPLAIN

IF LEASED — SQUARE FOOTAGE LEASED	OPERATIONS OF THE LEASING ENTITY	COMMON OWNERSHIP WITH LEASING ENTITY?

C2 Are there any smoking rooms on the premises? ☐ Yes ☐ No
IF YES, EXPLAIN

C3 Are cooking facilities, kitchenettes or full kitchens provided in any guest rooms? ☐ Yes ☐ No
IF YES, EXPLAIN

C4 Is any construction or renovation planned during the upcoming policy period? ☐ Yes ☐ No
IF YES, EXPLAIN

D BUILDING SYSTEMS & CONDITION

If any building is over 15 years old, state the year each system was last updated.

SYSTEM	YEAR LAST FULLY UPDATED	% OF PROPERTY UPDATED	CONTRACTOR / NOTES

Complete rows for: heating, electrical, plumbing, roof, HVAC / PTAC units, and water heaters.

Type of wiring present:

☐ Copper ☐ Aluminum ☐ Pigtailed aluminum ☐ Knob and tube

Check any of the following present:

☐ Polybutylene plumbing ☐ Galvanized steel piping ☐ Federal Pacific / Stab-Lok panels
☐ Zinsco panels ☐ EIFS stucco ☐ Wood shake roof or siding
☐ Known water intrusion history ☐ Deferred maintenance items ☐ None of the above

D1 Are guest room PTAC / HVAC units serviced on a documented preventive maintenance schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

D2 Have balconies, walkways or elevated structures been inspected as required by state or local law? ☐ Yes ☐ No
IF YES, EXPLAIN

D3 Is there any known mold remediation history? ☐ Yes ☐ No
IF YES, EXPLAIN

D4 Is there a snow and ice removal contract in place with an insured contractor? ☐ Yes ☐ No
IF YES, EXPLAIN

E FIRE PROTECTION & LIFE SAFETY

E1 Do all guest rooms include smoke detectors? ☐ Yes ☐ No

Smoke detectors are:

☐ Hard wired ☐ Battery ☐ Both

E2 Are carbon monoxide detectors installed in each unit? ☐ Yes ☐ No

CO detectors are:

☐ Hard wired ☐ Battery ☐ Both

E3 Is there a manual pull-station fire alarm? ☐ Yes ☐ No

E4 Is there a central station fire alarm at each location? ☐ Yes ☐ No

E5 Is there emergency lighting in all common areas? ☐ Yes ☐ No

E6 Are illuminated exit signs present on every floor? ☐ Yes ☐ No

E7 Is there an annual servicing contract with a qualified sprinkler service company? ☐ Yes ☐ No
IF YES, EXPLAIN

E8 Are there elevators, and is there a third-party maintenance agreement with an elevator company? ☐ Yes ☐ No
IF YES, EXPLAIN

E9 Is the kitchen equipped with a UL-300 compliant hood suppression system, cleaned at least semi-annually? ☐ Yes ☐ No
IF YES, EXPLAIN

E10 Is there an on-site commercial laundry, and are dryer vents cleaned at least quarterly? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LAST FIRE MARSHAL INSPECTION	DATE OF LAST SPRINKLER INSPECTION	FIRE EXTINGUISHER SERVICE DATE

F GUEST SAFETY & SECURITY

Assault and premises-security claims are the leading liability driver in this class.

Security measures present (check all that apply):

- ☐ CCTV / camera systems
- ☐ Alarm system
- ☐ Electronic key card locks
- ☐ Secondary security latch
- ☐ Key card access at exterior doors
- ☐ Security staffing
- ☐ Staff security training
- ☐ Deadbolts on all guest room doors
- ☐ In-room safe
- ☐ 24-hour front desk staffing
- ☐ Controlled building access
- ☐ Guest verification systems
- ☐ Door viewer / peephole
- ☐ Lighted parking areas
- ☐ None of these

NUMBER OF SURVEILLANCE CAMERAS	CAMERA RECORDING RETENTION (DAYS)	NUMBER OF SECURITY PERSONNEL	SECURITY HOURS COVERED

F1 Are there security guards on the property? ☐ Yes ☐ No

Security guards are:

- ☐ Employees
- ☐ Subcontractors
- ☐ Private security company
- ☐ Armed
- ☐ Unarmed
- ☐ No guards

F2 Is the premises covered by security cameras in all common and exterior areas? ☐ Yes ☐ No
IF YES, EXPLAIN

F3 Has there been any assault, robbery, shooting, or other violent incident on premises in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

F4 Has local law enforcement been called to the property more than 12 times in the past year? ☐ Yes ☐ No
IF YES, EXPLAIN

F5 Is there a written emergency response and evacuation plan posted in each guest room? ☐ Yes ☐ No
IF YES, EXPLAIN

F6 Do all employees receive documented human-trafficking awareness training? ☐ Yes ☐ No
IF YES, EXPLAIN

F7 Are criminal background checks performed on all employees prior to hire? ☐ Yes ☐ No
IF YES, EXPLAIN

G POOL, SPA & AMENITIES

G1 Does the applicant have a swimming pool? ☐ Yes ☐ No

NUMBER OF POOLS	MAXIMUM POOL DEPTH (FEET)	INDOOR / OUTDOOR	POSTED POOL HOURS	NUMBER OF HOT TUBS / SPAS

G2 Are there any diving boards or slides? ☐ Yes ☐ No
IF YES, EXPLAIN

G3 Is the pool area fully fenced, with self-latching and self-closing gates? ☐ Yes ☐ No

G4 Are pool depths clearly marked, and are warning signs and rules posted in a visible area? ☐ Yes ☐ No

G5 Is rescue equipment (ring, buoy, shepherd's hook) easily accessible? ☐ Yes ☐ No

G6 Are lifeguards on duty at any time? ☐ Yes ☐ No
IF YES, EXPLAIN

G7 Has the pool been retrofitted with an anti-vortex (VGB-compliant) drain cover? ☐ Yes ☐ No

G8 Are pool chemicals kept locked and inaccessible to guests? ☐ Yes ☐ No

G9 Is an ADA-compliant pool lift installed and operational? ☐ Yes ☐ No
IF YES, EXPLAIN

G10 If a hot tub or spa is present, is there an automatic shut-off? ☐ Yes ☐ No

Check all amenities present on or controlled by the premises:

- ☐ Beaches or lakes
- ☐ Lakes / ponds
- ☐ Ocean access
- ☐ Boat rental
- ☐ Boat docks / slips
- ☐ Bike trails
- ☐ Clubhouse
- ☐ Playground
- ☐ Fitness center
- ☐ Sporting courts
- ☐ Tennis courts
- ☐ Volleyball courts
- ☐ Spa / sauna / steam room
- ☐ Tanning beds
- ☐ Casino / gaming floor
- ☐ Banquet hall
- ☐ Kids' programs / childcare
- ☐ Game or arcade room
- ☐ Business center
- ☐ Guest laundry
- ☐ Golf course
- ☐ Horseback riding
- ☐ Playfield
- ☐ None of these

G11 Are any special events or wedding receptions held on the premises? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to G11, state how many events are held per year in the explanation field.

G12 Does the applicant offer any shuttle service for guests? ☐ Yes ☐ No

IF YES, EXPLAIN

G13 Does the property offer valet parking? ☐ Yes ☐ No

IF YES, EXPLAIN

H FOOD, BEVERAGE & ENTERTAINMENT

H1 Is there a restaurant and/or bar on the premises? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to H1, state the business hours in the explanation field.

Food and beverage operations (check all that apply):

- ☐ None
- ☐ Continental breakfast only
- ☐ Full-service restaurant
- ☐ Bar or lounge
- ☐ Room service
- ☐ Banquet / catering
- ☐ Poolside service
- ☐ Convenience store
- ☐ Leased to third-party operator

H2 If a bar or lounge is present — is it owned and operated by the applicant? ☐ Yes ☐ No

IF YES, EXPLAIN

H3 Is there a dance floor? ☐ Yes ☐ No

H4 Are there any pool or billiards tables? ☐ Yes ☐ No

H5 Does the applicant have any gambling devices or tables? ☐ Yes ☐ No

IF YES, EXPLAIN

H6 Is there any live entertainment, DJ, or cover charge at any time? ☐ Yes ☐ No

IF YES, EXPLAIN

LIST ALL PROMOTIONAL EVENTS HELD ON PREMISES (LADIES' NIGHT, HAPPY HOUR, HOLIDAY EVENTS, THEMED NIGHTS)

H7 Is alcohol sold, served or furnished on the premises? (if yes, attach CWCO-SUP-LIQ) ☐ Yes ☐ No

IF YES, EXPLAIN

% OF TOTAL RECEIPTS FROM ALCOHOL	LIQUOR LICENSE NUMBER	LATEST HOUR ALCOHOL IS SERVED	SERVER TRAINING (TIPS / SERVSAFE)

I MANAGEMENT & EMPLOYEES

Operating structure:

- ☐ Owner-operated
- ☐ Third-party management company
- ☐ Franchisee-operated
- ☐ REIT / institutional owner

MANAGEMENT COMPANY NAME (IF ANY)	YEARS UNDER CURRENT MANAGEMENT	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES

TOTAL ANNUAL PAYROLL ($)	FRONT DESK STAFFING HOURS	YEARS OF OWNER / OPERATOR INDUSTRY EXPERIENCE

I1 Is housekeeping, maintenance or security performed by contract labor rather than W-2 employees? ☐ Yes ☐ No

IF YES, EXPLAIN

I2 Are certificates of insurance collected from all contractors and vendors, with the applicant named additional insured? ☐ Yes ☐ No

IF YES, EXPLAIN

J PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years. Narrate any loss over $25,000 incurred.

CURRENTLY CARRIES GENERAL LIABILITY? (Y/N)	EXPIRING CARRIER	EXPIRING PREMIUM ($)	RETROACTIVE DATE (IF APPLICABLE)

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

J1 During the past five years, has the applicant incurred any liability claims? ☐ Yes ☐ No

IF YES, EXPLAIN

J2 During the past five years, has any insurer cancelled or non-renewed similar insurance, or has coverage been cancelled for non-payment? ☐ Yes ☐ No

IF YES, EXPLAIN

J3 Has the applicant incurred a liability claim that was not covered by insurance? ☐ Yes ☐ No

IF YES, EXPLAIN

J4 Is the applicant aware of any occurrence, fact, circumstance, incident, situation, damage or accident arising out of or related to its operations that might give rise to a claim or lawsuit, whether valid or not? ☐ Yes ☐ No

IF YES, EXPLAIN

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

K ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — RECENT CAPITAL IMPROVEMENTS, PIP COMPLETION, FAVORABLE LOSS TREND, OR PLANNED CHANGES

L REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. The applicant acknowledges that the answers provided are based on reasonable inquiry, and agrees to notify the producer of any material change arising prior to the effective date of any policy.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE