

Scottsdale Insurance Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Indemnity Company
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

Motel Program Supplemental Application
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web Site Address: _____

1. Operation:

Hotel Motel Tourist Courts/Cabins Resort Dude Ranch

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.

2. National affiliation? Yes No

If yes, with whom? _____

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

4. Building information/protection:

Number of stories: _____ Construction: _____

Central station fire alarm Local fire alarm Emergency lighting Guards Sprinklered

Standpipes and hose Guest rooms have smoke detectors and/or sprinklers

If you have guards, are they armed? Yes No

5. 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 and 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**

6. Other operations/exposures:

- Baseball fields
Number of fields: _____
- Sports courts (tennis, basketball, racquetball, volleyball, etc.)
Total number of courts: _____
- Trails
 - Bike—Number of trail miles: _____
 - Horse—Number of trail miles: _____
 - Other (describe): _____
- Boats
Number of boats: _____
Type (sail, power, canoe, etc.): _____
- Boat docks or slips
Number: _____
- Club houses (including exercise rooms)
Square footage: _____
- Lake
Number of acres: _____
- Park
Number of acres: _____
- Playgrounds
Number of playgrounds: _____
- Saddle animals
Number of animals: _____
Describe type of animal: _____
- Saunas/hot tubs
Number of saunas and hot tubs: _____

- Security guards
Number employed: _____
Number of independent contractors: _____
Are they: armed unarmed
- Skeet/trap/archery ranges
Number of ranges: _____
- Spas
Number of spas: _____
- Swimming
 - Indoor pool
Number of pools: _____
 - Outdoor pool
 - In-ground Above-ground
 - Number of pools: _____
 - Bathing beach
 - Ocean beach Lake/river beach
 - Number of beaches: _____
- Number of diving boards/slides/rafts/platforms: _____
- Board/platform height: _____
- Slide height: _____
- Swimming 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

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

8. Security:

- Employees are required to wear ID badges at all times 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 deadbolt locks Yes No
- Sliding glass doors have security bars or poles within door tracks Yes No
- Do you release guest 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

9. Innkeepers liability limit:

\$1,000 per occurrence/\$10,000 aggregate

\$2,500 per occurrence/\$25,000 aggregate

10. Do you have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____

(Must be signed by an owner, partner or executive officer)

DATE: _____

PRODUCER'S SIGNATURE: _____

DATE: _____