



**ATEGRITY SPECIALTY INSURANCE COMPANY**

**HOTEL AND/OR MOTEL GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Ategrity Specialty Insurance Company

Home/Administrative Office: 14000 N. Pima Road, Suite 200, Scottsdale, Arizona 85260

Telephone Number: 480.237.2417

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Applicant Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
<b>PROPOSED EFFECTIVE DATE: FROM _____ TO _____</b> <b>12:01 A.M., Standard Time at the address of the applicant</b>	

<b>Applicant is:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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<b>1.</b>	<b>APPLICANT INFORMATION</b>	
<b>a.</b>	Years in business	
<b>b.</b>	Does applicant have a national affiliation? If yes, with whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Does applicant have recommendation from local Chamber of Commerce or American Automobile Association (AAA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Any areas leased or rented to others? If yes: To whom is it rented? For what purpose? Square feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2. CLASSIFICATION OF RISK</b>	
<input type="checkbox"/> Airbnb Vacation Rentals – No owner occupancy <input type="checkbox"/> Apartment Buildings – Time share – less than four stories <input type="checkbox"/> Apartment Buildings- Time share – four stories or more <input type="checkbox"/> Apartment Hotel – four stories or more <input type="checkbox"/> Apartment Hotel – less than four stories <input type="checkbox"/> Dude ranch <input type="checkbox"/> Hotel – four stories or more <input type="checkbox"/> Hotel – less than four stories	<input type="checkbox"/> House Sharing – no owner occupancy <input type="checkbox"/> Motel – four stories or more <input type="checkbox"/> Motel – less than four stories <input type="checkbox"/> Resort – four stories or more <input type="checkbox"/> Resort – less than four stories <input type="checkbox"/> Tourist Courts/Cabins  <input type="checkbox"/> Other (Describe)

<b>3. ANNUAL GROSS SALES FOR APPLICANT AND CONCESSIONAIRES' OPERATIONS</b>	
\$	Room Rental
\$	Convenience stores – Number of stores
\$	Food from Restaurant and Lounge Number of Restaurants Number of Lounges
\$	Alcohol 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
\$	Other – Describe
\$	<b>TOTAL SALES FROM ABOVE</b>

<b>4. SWIMMING</b>		
<b>Check all that apply -</b>		
<b>Description</b> <input type="checkbox"/> Bathing Beaches <input type="checkbox"/> Ocean <input type="checkbox"/> Lake/river <input type="checkbox"/> Indoor pools,- Number <input type="checkbox"/> Outdoor pools Number <input type="checkbox"/> In-ground <input type="checkbox"/> Above ground <input type="checkbox"/> Wading pools Number	<b>Safety</b> <input type="checkbox"/> Depth markings clearly visible <input type="checkbox"/> Diving boards, platforms and/or slides Number Height <input type="checkbox"/> Life-safety equipment poolside <input type="checkbox"/> Outdoor pools fenced with self-locking gates <input type="checkbox"/> Indoor pools in separate room with self closing, self- latching door	<input type="checkbox"/> Pool Rules posted <input type="checkbox"/> Certified lifeguard available when swimming is allowed. <input type="checkbox"/> Swimming pools, wading pools hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act

<b>5.</b>	<b>OTHER EXPOSURES</b>		
	Number of:		
a.	Baseball fields Basketball court(s) Bicycle trails (miles) Boat dock/slip(s) Boats Types: Clubhouse including exercise room Square feet: Fuel sales - gallons Golf Course sales \$	Hiking trails Horse trails Lakes/ponds (acres) Parks (acres) Playground(s) Racquetball court(s) Recreational equipment rental other than canoes and rowboats Describe Saunas	Shooting Ranges Type of range (archery, skeet, trap, etc):  Shuffleboard court(s) Ski lifts/tows Spa/Hot tubs Stables Number of Saddle Animals Describe type Tennis Court(s) Volleyball Court(s)
b.	Other amenities not listed, describe		
c.	Are any of these exposures available to non-residents for a fee?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Receipts		

<b>6.</b>	<b>PROPERTY DETAILS</b>	
a.	Number of Locations - <b>Maximum</b> permitted 5	
b.	Maximum number of rooms per location - <b>Maximum</b> 250	
c.	Total number of rooms - <b>Maximum</b> total 1000	(Maximum total 1000)
d.	Average room charge	\$
e.	Average occupancy rate	%
f.	Rooms rented by (check all that apply) <input type="checkbox"/> Hour <input type="checkbox"/> Day	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other
g.	Any temporary emergency shelter or medical housing provided to occupants by others? If yes, PROHIBITED	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Building Details: Construction Each location: 1. 2. 3. 4. 5.	Number of Stories Each Location 1. 2. 3. 4. 5.
i.	All guest rooms contain working smoke detectors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Additional protection (indicate location number(s) if checked) <input type="checkbox"/> Central Station Alarm - loc # <input type="checkbox"/> Emergency Lighting - loc # <input type="checkbox"/> Local Fire Alarm - loc #	<input type="checkbox"/> Sprinklered - loc # <input type="checkbox"/> Standpipe and Hose: - loc #



<b>7.</b>	<b>SECURITY</b>	
	Check all that apply	
	<input type="checkbox"/> CCTV for monitoring parking and entrances Location # <input type="checkbox"/> Dead bolt locks and door chains on room doors <input type="checkbox"/> Dead bolts on adjoining room doors <input type="checkbox"/> Door keys or key cards for electronic locks <input type="checkbox"/> Employees required to wear ID badges at all times <input type="checkbox"/> Policy in place and enforced for release of guest name and room number to others <input type="checkbox"/> Security bars or poles within door tracks of sliding glass doors	<input type="checkbox"/> Security Guards Number employed Number armed Number unarmed Number contracted Number armed Number unarmed <input type="checkbox"/> Security instructions for guests inside rooms <input type="checkbox"/> Viewing devices (peep holes) on room doors

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** 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 is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 of the third degree.



**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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 a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

**NEW YORK 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 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 STATEMENT:**

I/We hereby declare that the above statements and particulars are true and I/We agree that his application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE  _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE:  _____	DATE:

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.