



**COLONY INSURANCE COMPANY
HOTEL/MOTEL PDQ
SUPPLEMENTAL APPLICATION**

_____ General Agent Name
Address: _____

Phone: _____
Fax: _____

Date: _____
Insured: _____ Location: _____

GENERAL INFORMATION

of stories: _____ Construction: _____ Protection Class: _____
Year Built: _____ (If over 15 years old, when were the following updates performed?)
Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____
Are cooking facilities provided in rooms? _____ yes _____ no
If yes, number of rooms: _____
Years in Business: _____ Years of Experience: _____
Any cooking done? Yes _____ No _____ If yes, describe: _____
Cooking controls: Ansel system? Yes _____ No _____
Service Agreement? Yes _____ No _____
Frequency of service & cleaning: Ansel _____ Hoods/Ducts _____

FIRE/LIFE SAFETY & SECURITY

Are there smoke detectors in all rooms? _____ yes _____ no
If yes, type (ie. hardwire or battery): _____
Is building sprinklered? _____ yes _____ no
Are there fire extinguishers on premises? _____ yes _____ no
Is there a central station fire alarm? _____ yes _____ no
Does complex directly employ security guards? yes _____ no _____ Armed? _____ yes _____ no
If outside security guard service, are certificates of insurance required? _____ yes _____ no

RECREATIONAL FACILITIES

Pools: Number of pools: _____ Is the pool area fenced from all units? _____ yes _____ no
Self-locking gates? _____ yes _____ no Does pool have depth markers? _____ yes _____ no
Are rules posted? _____ yes _____ no Is there lifesaving equipment in place? _____ yes _____ no
Is there a lifeguard? _____ yes _____ no (If not certified, submit)
Have a diving board? _____ yes _____ no
Have a sliding board? _____ yes _____ no

Describe playground equipment(i.e. fenced, installed per specs., condition, etc.): _____

Describe any exercise facilities(i.e. types of equipment & safety requirements): _____

Describe rental equipment (boats, bikes, etc.): _____

Describe any outside recreation: _____

RECEIPTS

Room rental receipts: _____ Food receipts: _____ Liquor receipts: _____
Other: _____ (Complete Restaurant Supplemental Application or verify COI's on file)

OTHER

Average occupancy: _____ Are any rooms rented for period less than 24 hours? _____ yes _____ no
Any rental to students during spring break? _____ yes _____ no
Describe all losses in the past 3 years: _____
Explain any prior incidents of sexual/physical assaults: _____
Has applicant ever been canceled or non-renewed in the past three years? _____ yes _____ no

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____