

MOTEL/HOTEL/RESORT SUPPLEMENT

OPERATIONS AND ACTIVITIES

1) DESCRIBE ALL OPERATIONS:					
SEASONAL OPERATIONS		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT MONTHS OPERATING		
2) IS THERE A RESTAURANT?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE COMPLETE A RESTAURANT SUPPLEMENT.		
3) IS THERE A PUB?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
4) IS THIS WATERFRONT PROPERTY		<input type="checkbox"/> YES <input type="checkbox"/> NO			
6) ANY RECREATIONAL ACTIVITIES		<input type="checkbox"/> YES <input type="checkbox"/> NO			
A) MARINA		<input type="checkbox"/> YES <input type="checkbox"/> NO	B) BOAT RENTAL		<input type="checkbox"/> YES <input type="checkbox"/> NO
C) FISH GUIDING		<input type="checkbox"/> YES <input type="checkbox"/> NO	D) NATURE HIKES		<input type="checkbox"/> YES <input type="checkbox"/> NO
E) HORSE-BACK RIDING		<input type="checkbox"/> YES <input type="checkbox"/> NO	F) WATER SPORT		<input type="checkbox"/> YES <input type="checkbox"/> NO
G) POOL:		<input type="checkbox"/> WITH LIFE GUARDS	<input type="checkbox"/> WITHOUT LIFE GUARDS	II. RULES	
III.		<input type="checkbox"/> INDOORS	<input type="checkbox"/> OUT DOORS	IF OUT DOOR;	
IV. BABYSITTING SERVICE		<input type="checkbox"/> YES <input type="checkbox"/> NO	V. PLAYGROUNDS		<input type="checkbox"/> YES <input type="checkbox"/> NO
VI. GYM OR EXERCISE ROOM		<input type="checkbox"/> YES <input type="checkbox"/> NO			
7) CAMPGROUND		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NUMBER OF SITES:		
8) EXPERIENCE OF INSURED:					
9) A) NUMBER OF ROOMS:		B) ARE ROOMS RENTED:		<input type="checkbox"/> MONTHLY	<input type="checkbox"/> WEEKLY
				<input type="checkbox"/> DAILY	
C) KITCHENETTES IN EVERY ROOM?		<input type="checkbox"/> YES <input type="checkbox"/> NO	D) WOODBURNING FIRE PLACE IN EVERY ROOM		<input type="checkbox"/> YES <input type="checkbox"/> NO
E) SMOKE DETECTORS IN EVERY ROOM		<input type="checkbox"/> YES <input type="checkbox"/> NO	F) NON-SLIP SURFACE IN EVERY BATHROOM		<input type="checkbox"/> YES <input type="checkbox"/> NO
G) EMERGENCY LIGHTING		<input type="checkbox"/> YES <input type="checkbox"/> NO			
10) LIVE ENTERTAINMENT – DESCRIBE					
11) 24 HOURS FRONT DESK?		<input type="checkbox"/> YES <input type="checkbox"/> NO	12) SAFES FOR CUSTOMERS GOODS?		<input type="checkbox"/> YES <input type="checkbox"/> NO
13) CLOAK ROOM?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
FULL SPLIT IN GROSS RECEIPTS BETWEEN OPERATIONS		ROOMS		PUB/BAR	
		FOOD		BEER AND WINE STORE	
OVERALL HOUSEKEEPING OF RISK:		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
WE ALSO REQUIRE		<input type="checkbox"/> PHOTOS AND DIAGRAMS		<input type="checkbox"/> CURRENT FINANCIAL STATEMENT	
17. ADDITIONAL COMMENTS:					

TERMS & CONDITIONS:

Where (a) an applicant for this contract gives false particulars to the prejudice of the insurer or misrepresents or fails to disclose any fact in any part of this application required to be stated therein or (b) the insured contravenes a term of the contract or commits fraud; or (c) the insured makes a false statement in respect of a claim, a claim will become invalid and the insured's right to recovery is forfeited. The applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The applicants consent to the collection, use and disclosure by the Insurer of personal, credit, factual record, premium payment or claims history information in connection with this application for insurance or renewal, extension, variation of cancellation thereof for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud.

Broker: Air1 Insurance Services Ltd. Telephone: 1-888-917-1177

Applicant's Signature: _____ Date Signed: _____