

A Safety National® Company

## Hotel/Motel Supplemental

Email completed application to <a href="mailto:submit@midman.com">submit@midman.com</a>. Requested Effective Date: \_

PRODUCER INFOR	MATION											
Agency Name:						Producer Number:						
Agent Name:			Agent Phone Number:									
APPLICANT INFOR	MATION											
Name:												
Insured Location:												
Mailing Address:												
OPERATION												
Hot	tel	el Tourist Resort Dude Ranch Physical										
			Ot	t <mark>her</mark> (descr	ibe):							
Number of Rooms:				erage Roor	m			Average				%
	<u> </u>		Charge:			<u> </u>		Occupancy Rate: Other (describe				
Room Rental by the				Day	Week		onth	Othe	r (descri	be)		
Leased Areas:	Yes	No		Leased	to whom	?		Area:				ca ft
Operation:								Alea.	ļ			sq. ft.
NATIONAL AFFILIA				- 1		F						
National Affiliation			lo		with who							
Recommended by L	ocal Chambe	r of C	omm	nerce or Ar	merican A	Automobi	le Associ	ation (A	AA):	Y	es	No
BUILDING INFORM	ATION/PRO	ΓΕϹΤΙ	ION									
Number of Stories:			Construction:									
Central Station Fire Alarm		n	Local Fire Ala			arm			Emergency Lighting			
Sprinkler System			Non-slip Surf			faces in Tubs/Showers			Deadbolt Locks			
Standpipes and Hose			Smoke Detec			ctors in Guest Rooms			Peep Holes			
ANNUAL GROSS SA	ALES FOR INS	SURE	D'S A	ND THEIR		SSIONAI	R OPERA	TIONS				
Room Rental:		\$			N	umber of	Stores:					
Convenience Store:	nvenience Store:		\$			Number of Restaurants or Lounges:						
Food from Restaurant:		\$	\$									
Liquor from Restaurant/Lounge:		\$	\$			Maximum Occupancy for		cy for				
Conferences & Conventions:		\$	\$			Premises:						
Health or Swim Club:		\$	\$			Number of Members:						
Equipment Rental (snowmobiles, boats, skis etc.):		\$	-		Т	Type of Equipment:						
Other:		\$				escribe:						
Total of Above:		\$	\$									



800.800.4007 midlandsmgt.com marketing@midman.com



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OTHER OPERATIONS/EXPOSURES									
Number of Baseball Fields:	Number of Sp	orts Courts (tennis,	basketball, racq	uetball, vo	lleyball, etc.):				
Trail Miles:	Bike Miles:		Horse	Miles:					
Other (describe):									
Number of Boats:	Type (sail, power,								
Number of Boat Docks or Slips:		mber of Clubhouses rcise rooms):	(including		Square Footage:				
Number of Acres of Lake:		Number of Acres of Park:							
Number of Playgrounds: Number of Skeet/Trap/Archery Ranges:									
Number of Saddle Animals:		Type of Ani	mal:	al:					
Number of Saunas/Hot Tubs:	Number	of Spas:	Number	Number of Indoor Pools:					
Number of Outdoor Pools:		In-grour	nd Ab	Above-ground					
Number of Bathing Beaches:		Ocean Be	ach Lake	Lake/River Beach					
Number of Diving Boards/Slides	s/Rafts:	Board/Slid	e Height:		ft.				
Swimming pool rules posted?				Yes	No				
Is outdoor, in-ground pool fence the building with no direct acce		ed by	Yes	No					
Life-safety equipment available	· _ ·		Yes	No					
Describe any additional recreational facilities operated by you or others on the premises.									
CLIENTELE									
Elderly: % Sp	ring Break Crowd:		% Resident H	ousing:	%				
Room Registration: Monthly	y: %	Weekly:	%	Daily:	%				
SECURITY									
Employees are required to wear	· ID badges at all tim	le?		Yes	No				
Room doors have viewing devic	es (peep holes)?			Yes	No				
Room doors have deadbolt locks	s and door chains?			Yes	No				
Door keys are card keys for elec	tronic locks?	Yes No							
Adjoining room doors have secu	No								
Sliding glass doors have security bars or poles within door tracks? Yes No									
Do you release guests' names and room numbers to others? Yes No									
Do rooms contain security instr	uctions for guests?	Yes No							
Facility has CCTV for monitoring	g parking and entrar		Yes	No					
DECLARATION									
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.									
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Date:

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