



**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: \_\_\_\_\_