

**WELLINGTON SPECIALTY INSURANCE COMPANY**

**HOTEL/MOTEL SUPPLEMENTAL APPLICATION**

Wellington  
Specialty  
Insurance Company



Applicant's Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Producer Name: \_\_\_\_\_

Website Address: \_\_\_\_\_

Property Locations:  
(Location Name, Street Address)

1. \_\_\_\_\_  
\_\_\_\_\_

Operation:     Motel     Hotel                      Number of Rooms: \_\_\_\_\_    Sales: \$ \_\_\_\_\_

Room rented by the:     Hour     Day     Week     Month

**Building Information:**

Central station fire alarm?                       Yes     No

Sprinklered?     Yes     No

Guest room have smoke detectors?             Yes     No

Doors have peep holes?                             Yes     No

Deadbolt locks?                                       Yes     No

Non-slip surfaces in tubs/showers?             Yes     No

Restaurants on premises?                       Yes     No    Sq. Ft. \_\_\_\_\_

If yes, is restaurant occupied by tenant? \_\_\_\_\_

Does tenant provide a certificate of insurance and name the applicant as an Additional Insured on their policy? \_\_\_\_\_

Does tenant carry GL limits equal to or greater than the applicant's? \_\_\_\_\_

**Swimming Pools:**

No. of Pools \_\_\_\_\_

Diving boards:  Yes     No                      Slides:  Yes     No                      Underwater Lighting:  Yes     No

Is the pool completely fenced and equipped with a self-latching device?  Yes     No

Are the depth markings clearly shown?  Yes     No

Are warning signs and rules posted and clearly visible?  Yes     No

Is rescue equipment, including a ring buoy and shepherd's hook available at poolside?  Yes     No

**Applicant Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**Producer Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_