

B. PROPERTY:

1. WHEN WAS THE LAST TIME THE FOLLOWING WERE CHECKED (UPDATED) BY A QUALIFIED LICENSED PERSON?
 Date Updated: Describe Updates:

ROOF:		
SIDING:		
ELECTRIC:		
PLUMBING:		
WATER HEATERS:		
HEATING:		
BALCONIES:		

2. BUILDING ELECTRICAL:
 NAME OF ELECTRICAL PANEL?
 ARE KITCHEN, LAUNDRY & BATHROOM EQUIPPED WITH GFI RECEPTACLES? YES NO
 CIRCUIT BREAKERS? YES NO KNOB & TUBE WIRING? YES NO
 ANY FUSES? YES NO
 IF ALUMINUM, UPDATED? YES NO
 DATE:
 IF ALUMINUM, ARE RECEPTACLES & SWITCHES FIXED USING THE COPALUM CRIMP METHOD?
 YES NO

3. SMOKE ALARMS:
 TYPE? BATTERY IF BATTERY, LONG-LIFE? YES NO
 HARDWIRE HOW OFTEN CHECKED?
 WHERE LOCATED? INTERIOR HALLWAY COMMON AREAS UNITS

4. CARBON MONOXIDE DETECTORS? YES NO BATTERY HARDWIRED
 IF BATTERY, LONG-LIFE? YES NO

5. DO BUILDING COMMON AREAS HAVE FIRE EXTINGUISHERS? YES NO

6. IS THE BUILDING FULLY SPRINKLERED? YES NO
 IF PARTIALLY SPRINKLERED, WHAT AREAS?
 LAST INSPECTED?

7. IS SMOKING ALLOWED IN COMMON AREAS? YES NO

8. WHAT IS THE PRIMARY SOURCE OF HEAT FOR THE BUILDING?
 BOILER GAS/OIL CENTRAL HEAT ELECTRIC BASEBOARD OTHER
 IF CENTRAL HEAT, FULLY OPERATIONAL IN ALL UNITS? YES NO

9. DO ANY UNITS HAVE FIREPLACES? YES NO IF YES, GAS OR WOOD?
 IF WOOD, HOW OFTEN ARE CHIMNEYS SWEPT?

<p>10. LAUNDRY FACILITIES? HOW OFTEN INSPECTED?</p> <p>HOW OFTEN ARE LINT TRAPS CLEANED? ARE DRYER VENTS CLEANED ANNUALLY?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>LOCKED?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11. WHAT COOKING EQUIPMENT IS PROVIDED? <input type="checkbox"/> RANGE/OVEN <input type="checkbox"/> MICROWAVE <input type="checkbox"/> HOT PLATES</p>			

C. LIABILITY:

1. SWIMMING POOL?	INDOOR:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OUTDOOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, COMPLETE THE FOLLOWING:						
	POOL FENCED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS GATE SELF-CLOSING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	LOCKED GATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DIVING BOARD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HOW DEEP?	FT		DEPTH MARKED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	RULES POSTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
	IS LIFESAVING EQUIPMENT AVAILABLE?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HOT TUBS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SAUNAS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. DESCRIBE ANY OTHER RECREATION FACILITIES:						
3. DESCRIBE ANY PERSONAL SERVICES PROVIDED:						
4. DOES THE INSURED PROVIDE SHUTTLE SERVICES?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE PROVIDE DETAILS:						
5. ANY MOBILE HOME-TYPE TRAILERS IN USE?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. ARE PETS ALLOWED?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, ANY EXCEPTIONS?						
7. DISTANCE OF MOTEL TO ANY WATER SOURCES (I.E. OCEAN, RIVER, LAKE, ETC.)?						
8. ANY UNUSUAL HAZARDS, EXPOSURES?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE DESCRIBE:						
9. GIFT SHOP?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, SALES?						
10. RESTAURANT?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE COMPLETE AND ATTACH OUR RESTAURANT QUESTIONNAIRE.						

D. SECURITY/SAFETY/CRIME:

1.	ANY PRIVATE SECURITY? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	IDENTIFICATION REQUIRED OF ALL GUESTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	DO INDIVIDUAL UNIT DOORS HAVE DEADBOLTS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	PEEPHOLES? IF NOT, IS A WINDOW LOCATED NEXT TO THE DOOR?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
5.	DO ALL SLIDING GLASS DOORS HAVE SECONDARY LOCKING DEVICES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	TYPE OF KEYS UTILIZED?		
7.	LOCKS RE-KEYED IF KEYS NOT RETURNED? ROOM NUMBERS ON KEYS? KEYS STAMPED, "DO NOT DUPLICATE"? MASTER KEYS PROPERLY CONTROLLED?	<input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO
8.	EMERGENCY LIGHTING IN HALLS & STAIRWAYS? HOW OFTEN TESTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	ARE PARKING AREAS WELL-LIGHTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	ARE SECURITY COMPLAINTS INVESTIGATED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	ARE EMPLOYEES PROPERLY TRAINED AND SUPERVISED FOR SECURITY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	IS THERE AN EMERGENCY EGRESS PLAN IN PLACE? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	NUMBER OF POLICE/FIRE RESPONSES IN THE PAST YEAR?		
14.	HAVE ANY GUESTS BEEN THE VICTIM OF A CRIME ON YOUR PREMISES IN THE PAST 3 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

E. PEST CONTROL:

1.	IS A PEST CONTROL ROUTINE OR A PROFESSIONAL SERVICE AGREEMENT IN PLACE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	ANY REPORTED INCIDENTS OF BED BUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	IS A BED BUG TRAINING AND RESPONSE PLAN IN PLACE? IF YES, PLEASE DESCRIBE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APPLICABLE IN WA: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN OR: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATION THE LAW.

COMPLETION OF THE APPLICATION DOES NOT BIND COVERAGE. THE COMPANY'S ACCEPTANCE OF THE RISK IS REQUIRED BEFORE COVERAGE MAY BE BOUND AND A POLICY ISSUED.

THE UNDERSIGNED PRODUCER AGREES TO BE RESPONSIBLE FOR ANY EARNED PREMIUMS DEVELOPED FROM THE BINDING OF THIS APPLICATION. PRODUCER HAS REVIEWED THIS APPLICATION FULLY WITH THE APPLICANT AND, TO THE BEST OF PRODUCER'S ABILITY, IS CONFIDENT THAT ALL INFORMATION GIVEN IS TRUTHFUL.

APPLICANT: _____ **PRODUCER:** _____

SIGNATURE: _____ **SIGNATURE:** _____

DATE: _____ **DATE:** _____

THIS FORM SHALL BE ATTACHED TO, AND MADE PART OF, THE **FULLY COMPLETED** ACORD APPLICATION BY THE APPLICANT.