

MUSIC Hotel / Motel / Air BNB / Peer to Peer Rentals Supplemental Application



TO BE USED WITH COMMERCIAL GENERAL LIABILITY/PROPERTY APPLICATION (ACORD OR SIMILAR)
 All questions must be answered in full. Missing or incomplete information may disqualify the submission.
 Application must be signed and dated by the applicant

Applicant's Name: _____

Property Information:					
General Information	Location 1	Location 2	Location 3	Location 4	Location 5
Location Address					
Occupancy Type (answer all applicable questions below based on selection)	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding	<input type="checkbox"/> Apartment <input type="checkbox"/> Dwelling <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> HOA <input type="checkbox"/> Mobile Home <input type="checkbox"/> Boarding
Total Units (enter 2 for Two Fam Dwelling, 4 unit condo enter 4, etc)					
Annual average of Occupied Units	%	%	%	%	%
Any Renovations ongoing or planned in the next year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Management	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>	Subbed <input type="checkbox"/> Self <input type="checkbox"/>
Electrical – check all that apply	Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse <input type="checkbox"/>	Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse <input type="checkbox"/>	Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse <input type="checkbox"/>	Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse <input type="checkbox"/>	Circuit Breakers <input type="checkbox"/> Romex <input type="checkbox"/> Knob / Tube <input type="checkbox"/> Pig Tailed <input type="checkbox"/> Aluminum <input type="checkbox"/> Fuses/Arc Fuse <input type="checkbox"/>

Amenities - check all that apply or list in black spaces those present

<input type="checkbox"/>	Sport Courts		
<input type="checkbox"/>	Jacuzzis		
<input type="checkbox"/>	Playgrounds		
<input type="checkbox"/>	Docks		
<input type="checkbox"/>	Hot Tubs		

Security - check all that apply			
<input type="checkbox"/> Armed	#	<input type="checkbox"/> Unarmed	#
<input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors		<input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors	
<input type="checkbox"/>	If Independent Contractors used, do you	<input type="checkbox"/> Have each under Written Contracts? <input type="checkbox"/> Require equal or greater limits than insured? <input type="checkbox"/> Require to name you as Additional Insured? <input type="checkbox"/> Obtain Certificates of Insurance on all security guards?	

SAFETY	Location 1	Location 2	Location 3	Location 4	Location 5
Smoke detectors (check all that apply)	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>	Each Unit <input type="checkbox"/> Common <input type="checkbox"/> Reg Checked <input type="checkbox"/>
Smoke Detector Type (check all that apply)	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>	Battery Op <input type="checkbox"/> Hardwired <input type="checkbox"/> None <input type="checkbox"/>
Indicate how the lease addresses animals. (check all that apply)	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic	<input type="checkbox"/> Prohibited <input type="checkbox"/> Small Dog/cat <input type="checkbox"/> No Aggressive <input type="checkbox"/> By breed <input type="checkbox"/> Exotic
Is facility in compliance with all local/state codes for the following: (check all that apply)	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers	<input type="checkbox"/> Secondary means of egress over 2 stories <input type="checkbox"/> Emergency Lighting <input type="checkbox"/> No wood burning stoves <input type="checkbox"/> No space heaters permitted <input type="checkbox"/> Currently tagged fire extinguishers

Swimming Pools - check all that apply					
<input type="checkbox"/> Above Ground	#	Max depth:	Ft.	Do all have fence completely surrounding with a self-latching gate	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Below Ground	#	Max depth	Ft.	Do all have fence completely surrounding with a self-latching gate	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Below Ground (answer all)	
VGBA compliant? Swimming rules and regulations posted? Is safety equipment readily available on site? Is life- safety equipment readily available on site? Diving Boards	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Maximum Height each:
Lifeguard on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Employees <input type="checkbox"/> Independent Contractors (if independent, see below) <input type="checkbox"/> Have each under Written Contracts? <input type="checkbox"/> Require equal or greater limits than insured? <input type="checkbox"/> Require to name you as Additional Insured? <input type="checkbox"/> Obtain Certificates of Insurance on all security guards?

Hotel/Motel/Air BNB / Peer-to-Peer Rentals						
Question	Location 1	Location 2	Location 3	Location 4	Location 5	
Available Rentals? Check all that apply	<input type="checkbox"/> Hourly ____% <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly _ % <input type="checkbox"/> Monthly ____%	<input type="checkbox"/> Hourly ____% <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly ____% <input type="checkbox"/> Monthly ____%	<input type="checkbox"/> Hourly ____% <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly ____% <input type="checkbox"/> Monthly ____%	<input type="checkbox"/> Hourly ____% <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly ____% <input type="checkbox"/> Monthly ____%	<input type="checkbox"/> Hourly ____% <input type="checkbox"/> Daily ____% <input type="checkbox"/> Weekly ____% <input type="checkbox"/> Monthly ____%	
In-room cooking allowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exit doors open outward?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Evacuation route posted each room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recreational equipment rental?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Type						
If yes, Gross Receipts	\$	\$	\$	\$	\$	
Restaurant services provided in building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, Gross Receipts	\$	\$	\$	\$	\$	
% of Liquor Receipts	%	%	%	%	%	
Automatic Extinguishing System (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	<input type="checkbox"/> None <input type="checkbox"/> Wet ansul over all grease producing equipment <input type="checkbox"/> Dry ansul <input type="checkbox"/> Class K extinguishers <input type="checkbox"/> Semi-annual cleaning contract <input type="checkbox"/> Sprinklers	

Peer to Peer Rentals/Air BnB?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes (check all that apply)	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured	<input type="checkbox"/> Cleaned by 3 rd party commercial cleaning company after every use <input type="checkbox"/> Provides COI naming applicant as add'l insured
	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay	<input type="checkbox"/> COI is required to have equal or greater limits than applicant <input type="checkbox"/> No individual room or bed rentals <input type="checkbox"/> This location is the owner's primary residence <input type="checkbox"/> The owner occupies the property or premises (main house, guest house, etc.) along with the guests <input type="checkbox"/> Communal living quarters (bedrooms, bathroom, or kitchen) are shared between the renter and other unfamiliar guests during their stay

Remarks Overflow:

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicant's Signature _____

Date _____

Agent's Signature _____

Date _____