



Motel Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

FEIN

WEB ADDRESS

SUPPLEMENTAL UNDERWRITING INFORMATION

1. Length of time under present ownership: _____
2. Operated by (check one)..... Owner Manager
3. Does the owner/manager live on the premises?
..... YES NO
4. The motel is (check one) Seasonal Full Time
If seasonal, months closed: _____
5. Average percent of occupancy:
Weekdays: _____% Weekends: _____%
6. Average length of stay:
Overnight: _____% Weekly: _____% Permanent: _____%
7. Does the motel have any of the following recreational facilities:
 - a. Hot tub..... YES NO
 - b. Sauna..... YES NO
 - c. Steam room..... YES NO
 - d. Exercise room..... YES NO
 - e. Tennis courts..... YES NO

Describe any other recreational services available on premises:

8. Any recreational equipment rented? YES NO
If yes, please describe:

9. Heating in rooms (*check all that apply*):
 Electric Fireplace LPG
 Natural gas Wood stove
10. Heating system is..... Central Individual room
11. Are bathtubs equipped with anti-slip surfaces?
..... YES NO
12. Are there smoke detectors in each room?
..... YES NO
13. Are carbon monoxide detectors provided on each floor?
..... YES NO
14. Condition of parking lot and sidewalks?
 Excellent Good Fair Poor
15. Does the motel provide an airport shuttle service?
..... YES NO
16. Is there a restaurant or a bar on the premises?
..... YES NO
17. Comments:

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____	_____	
Owner or Officer's Name	Agent's Name	
_____	_____	
Title	Agent's Signature	Date
_____	_____	_____
Owner or Officer's Signature	Date	Expiring Policy Number, If Applicable