



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

HOTEL/MOTEL SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in Business: _____ Years with same management: _____

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation?

*Currently valued loss runs required.

SERVICES

(Please check all that may apply)

- | | |
|---|---|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Motel |
| <input type="checkbox"/> Resort | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Motor Lodge/Court/Inn/Travel | <input type="checkbox"/> Dude Ranch |
| <input type="checkbox"/> Spa | <input type="checkbox"/> Other (please explain below) |

GENERAL INFORMATION

Average Room Rate: \$ _____ Average Occupancy Rate: _____ %
 Total # of Rooms: _____ Sales: \$ _____

Is this a Franchise operation? Y N

If Yes, franchises affiliations: _____

Is the Hotel/Motel seasonal? Y N

Please indicate below room amenities:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Mini-Bar | <input type="checkbox"/> Microwave |
| <input type="checkbox"/> Jacuzzi | <input type="checkbox"/> Wood Burning Fire-place |

Are the accommodations open 12 months of the year? Y N

Does the applicant allow any types of long-term guests (more than 30 days)? Y N

Any rooms rented for period less than 1 day? Y N

Are there any ID checkers? Y N

Is there a valet parking service? Y N

If Yes, is a valet parking service provided by

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employees | <input type="checkbox"/> Contractors |
|------------------------------------|--------------------------------------|



If the service is provided by Contractors, does the applicant have a Certificate of Insurance from the service firm naming the applicant as an additional insured?

Do room doors have peepholes and dead bolts? [] Y [] N

Is there any bars (other than waiting for seat), lounges and nightclubs? [] Y [] N

Does the Hotel/Motel have any live entertainment on premise? [] Y [] N

Have there been any previous incidents of physical or sexual assault? [] Y [] N

If Yes, please explain: _____

Is transportation provided to guests? [] Y [] N

FIRE/LIFE SAFETY

Are all units and common areas equipped with a smoke/fire detection alarm? [] Y [] N

Is emergency lighting/fire safety message posted in each units and all common areas? [] Y [] N

Are there any fire escapes and 2nd means of egress in compliance of local Ordinances? [] Y [] N

Are there any written evacuation plan with regard to fires and other major disasters? [] Y [] N

Does the premise comply with NFPA Life Safety Codes and ADA regulations? [] Y [] N

MAINTENANCE

Is there an elevator? If yes, number of elevators: _____

Is there a written plan for elevator failure and passenger evacuation? [] Y [] N

Is an elevator maintenance record and agreement kept on premise? [] Y [] N

Who is responsible for elevator services and maintenance?

[] Insured/Employees [] Contractors

Who is responsible for snow or ice removal on sidewalk and parking lot?

[] Insured/Employees [] Contractors

If outside contractors are used, does the applicant named additional insured with Hold Harmless agreement? [] Y [] N

AMENITIES & RECREATIONAL FACILITIES

Are there any swimming pools and/or Jacuzzis on the premises? (if Yes, please answer the questions below) [] Y [] N

Swimming Pools: _____ # Jacuzzis: _____

Is there any pool on the upper floor or rooftop? [] Y [] N

Is the pool fully-fenced with self-latching and self-locking gates? [] Y [] N

Is the pool equipped with anti-entrapment device? [] Y [] N



- Are pool depths marked in and around the pool area? Y N
- Are there any slides, diving boards, and/ or similar equipment? Y N
- Are warning signs and rules posted in a visible area? Y N

PROTECTIVE SAFEGUARD

- Are there restaurants? Y N
- Are all hoods, ducts, grease filters and surface cooking equipment (including deep fat fryers) protected by certified Compliant UL-300 and/or NFPA 96 Fire Suppression System?
 - Is there a semi-annual service/ maintenance contract in place for the protective system? Y N
 - Is the exhaust system cleaning schedule standard? Y N
 - Hood and ducts cover all cooking equipment? Y N
 - Hood and filters cleaned weekly by staff? Y N
 - K rated fire extinguishers available in the kitchen? Y N

SECURITY

- Are remote exterior entrances locked or monitored at night? Y N
- Does the risk have and maintain a central station burglar alarm and/or surveillance cameras (CCTV)? Y N
- Are there any security personnel? Y N
 - If Yes, are any of the security guards armed? Y N
 - Are the guards: Employees Contractors
 - If the guards are contractors, does the applicant have a Certificate Of Insurance from the security firm naming the applicant as an additional insured? Y N
- Are there any firearms on premise? Y N
 - If Yes, are they owned by the applicant? Y N
 - If not owned by the applicant, does the owner of firearms have hold harmless agreement? Y N

LIQUOR LIABILITY

Not Applicable

- Does the applicant possess and maintain a valid state liquor license? Y N
- Does the applicant sell alcoholic beverages to intoxicated customers? Y N
- Does the applicant clearly post signs stating that customer must be 21 or older and require identification to purchase alcoholic beverages? Y N
- Has the applicant's liquor license ever been revoked, suspended or fined? Y N
- Has the applicant had any reported Liquor Liability cancelled and/or non-renewed within the past 5 years? Y N

If Yes, please describe: _____



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What time does the sale of alcohol cease?

AM

PM

24 HRS

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:



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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA: 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 the person to criminal and civil penalties.

VIRGINIA: 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.

Applicant's Signature: _____ Date: [Click here to enter a date.](#)_____

Name of Authorized Agent or Broker: _____