

**AMTRUST FINANCIAL SERVICES, INC.**  
**Hotel Supplement**

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Complete a separate Hotel Supplement for each Location, and submit with a completed ACORD application and current year losses plus loss runs for prior 3 years.

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Location Address: \_\_\_\_\_

1. Franchise hotel:  Yes  No
2. Seasonal operations:  Yes  No Describe: \_\_\_\_\_
3. Extended stay:  Yes  No Describe: \_\_\_\_\_
4. Average room rate: \_\_\_\_\_
5. Year built: \_\_\_\_\_
6. Provide age and updates to the following building components:  
Roof: \_\_\_\_\_  
Electrical: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
HVAC: \_\_\_\_\_
7. Aluminum wiring:  Yes  No
8. Knob & tube wiring:  Yes  No
9. Brand of electrical panels: \_\_\_\_\_
10. Galvanized pipes:  Yes  No
11. Roof type: \_\_\_\_\_
12. Solar panels:  Yes  No Kilowatts generated: \_\_\_\_\_
13. Kitchenettes:  Yes  No # Units: \_\_\_\_\_ Stove type:  Electric  Gas # burners: \_\_\_\_\_  
Hard wired smoke detectors:  Yes  No
14. Number of wood burning fireplaces: \_\_\_\_\_ Number of gas fireplaces:  Yes  No  
Annual chimney cleaning performed by: HOA:  Yes  No Unit owners:  Yes  No
15. Vouchers provided for homeless:  Yes  No Describe: \_\_\_\_\_
16. Guard service:  Yes  No  
Hours/Days: \_\_\_\_\_  
Employee or Service: \_\_\_\_\_  
Armed:  Yes  No  
COIs obtained if Service:  Yes  No
17. Height of balcony railings in inches: \_\_\_\_\_ Space between balcony railings in inches: \_\_\_\_\_
18. Fitness room:  Yes  No Free weights:  Yes  No
19. Water exposures (docks, piers, ponds, fountains, creeks):  Yes  No Describe: \_\_\_\_\_
20. Pool:  Yes  No  
Fenced with self-closing gate:  Yes  No  
Diving boards:  Yes  No  
Slides:  Yes  No
21. Types of room keys: \_\_\_\_\_ Rekeying performed:  Yes  No