

HOTEL SUPPLEMENTAL APPLICATION

Named Insured: _____

1. If the insured has been in business for less than 5 years, please confirm that the senior leadership has at least 5 years of experience in a similar field. Yes No
2. Has the applicant’s insurance been canceled or non-renewed in the past 5 years? Yes No
 If yes, please provide details: _____

General Operations Information:

1. What are the annual sales at this location? _____
2. How many rooms are at this location? _____
3. What is the average occupancy rate of the hotel? _____
4. Does the applicant have seasonal exposure? If yes, does the location close down for any period of time throughout the year? _____
5. Does the applicant host weddings, conferences, or special events? If yes, answer below
 - a. How many special events are hosted each year? _____
 - b. Does the applicant provide catering or is this done by a third party? _____
 - c. Does the applicant offer liquor service or is this done by a third party? _____
 - d. If the third party is providing catering or liquor service does the applicant require the following:
 - i. A signed contract that includes proper risk transfer? Yes No
 - ii. A COI with minimum insurance limits for General Liability and Liquor liability including an excess of at least \$2M? Yes No
6. Is there a restaurant inside the hotel, if yes please continue
 - a. Does the applicant operate the restaurant or is it leased out to a third party? Yes No
 - b. If Leased to a third party please confirm the following:
 - i. A signed contract that includes proper risk transfer is required? Yes No
 - ii. A COI with minimum insurance limits for General Liability and Liquor liability including an excess of at least \$2M? Yes No
 - c. Is the restaurant a Hibachi restaurant? Yes No
 - d. Does the hood and duct system require regular cleaning by a certified contractor and are records kept of such service? Yes No

Hotel Activities

1. Does the insured have any recreational activities or amenities other than a swimming pool and/or hot tub? If yes, then please include a complete list of such activities: _____

Management / Security Information:

1. Are all guest room locking done by “keyless” (electronic access) entry systems? Yes No

- 2. Do guest rooms have self-closing & locking doors with secondary locking devices? Yes No
- 3. Are all windows and doors provided with restrictive opening devices? Yes No
- 4. Is there a written key/keyless control policy? Yes No

Fire / Life Safety Information:

- 1. Are all rooms and common areas protected with hard-wired smoke detectors with battery backup? Yes No
 - a. If YES, is the system tied into a 24-hour central station monitoring system? Yes No
- 2. Are fire exits and stairways lighted and marked? Yes No
- 3. Is emergency lighting available with backup generator emergency services? Yes No
- 4. Does each room have an evacuation plan posted in each room? Yes No
- 5. Does the applicant maintain emergency response and evaluation plan? Yes No

Signature _____ Date _____