

## 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 \_\_\_\_\_