

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

**A separate questionnaire must be completed for each location.**

Location # \_\_\_\_ of \_\_\_\_

**Type of Hotel**

- 5-star luxury
- 4-star upscale
- 3-star full-service with food
- 3-star full-service without food
- 2-star budget
- 1-star economy
- Bed and breakfast/inn
- Condo hotel
- Other \_\_\_\_\_

Number of guest rooms: \_\_\_\_\_  
 Average occupancy rate at this location: \_\_\_\_\_%  
 Percentage of guest rooms designated smoking: \_\_\_\_\_%  
 Lodging receipts at this location: \$ \_\_\_\_\_

**General Operations**

- Yes No
- Is there a restaurant or liquor service on premises? If yes, a restaurant questionnaire must be completed.**
  - Are professional services such as business services, event planning, or beauty/spa operations offered? If yes, a hospitality E&O supplemental questionnaire must be completed.**
  - Is there a golf course on premises? If yes, a recreation and leisure questionnaire must be completed.**
  - Has any named insured currently or ever engaged in development services for others, development of property for sale, or development of residential facilities?  
If yes, explain \_\_\_\_\_
  - Does the account have any exposure for renting rooms by the hour or tribal hotels/casinos?  
If yes, explain \_\_\_\_\_
  - Is the front desk staffed 24 hours a day, seven days a week?

Access to the rooms is via (check all that apply):

- Hotel lobby
- Interior corridors, with keyed entry
- Exterior corridor without restricted access

Room Security:

- Electronic keys
- Steel keys  
Describe key-changing and lost-key procedures: \_\_\_\_\_
- Anti-theft doors
- Peepholes

Yes No

Does the applicant provide child care services?

If yes, Yes No

- Have there been any prior claims, allegations, or incidents involving child abuse or molestation?
- Are services available to anyone other than members?
- Are overnight or off-premises services provided? If yes, explain \_\_\_\_\_
- Are criminal background checks performed on all employees engaged in child care services?
- Is private in-room care provided?
- Does the child care operation meet all state-specific licensing and staff ratio requirements?
- Are services for infants under the age of 12 months provided?

Are services provided by third-party vendor(s)?

If yes, Yes No N/A

- Does third-party vendor insurance include abuse and molestation coverage at full limits?

Yes No

Are there pools at any locations?

If so, at which locations? If yes, provide location numbers, and describe any amenities.

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**Note: if a waterslide, diving board, wave machine, or lazy river is present, a Water Slide and Water Attraction questionnaire must be completed.**

The following questions are in response to the Virginia Graeme Baker Pool and Spa Safety Act effective 12/19/08.

Yes No

Have all locations with pools and spas been equipped with anti-entrapment covers, devices, or systems that comply with the ASME/ANSI 112.19.8 performance standard?

If any pool or spa on the premises has a single main drain, other than an unblockable outlet, have any of the following devices or systems designed to prevent entrapment by pool or spa drains been installed?

- Safety vacuum release system
- Suction-limiting vent system
- Gravity drainage system
- Automatic pump shut-off system
- Drain disablement device

If the answer to either of the two preceding questions pertaining to the Virginia Graeme Baker Pool and Spa Safety Act is no, please advise which location(s) and how and when you plan to comply with this new federal law.

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- Yes No
- Does the account use pesticides or herbicides? If yes, a limited pollution application must be completed.
- If yes, Yes No
- Have there been any prior claims, incidents, or regulatory actions due to the use of chemicals?
- Are chemicals applied by a state-licensed applicator?
- Are all chemicals properly stored and labeled as required by law?
- Is shuttle van service provided at this location? If yes, describe number of vans and their radius and frequency of use.  
\_\_\_\_\_
- Are all rooms equipped with smoke detectors?  
If yes, hardwired or battery? \_\_\_\_\_  
If battery, is a regular replacement and maintenance program in place?  Yes  No
- Are there any of the following amenities: watercraft rental, equestrian, skeet or trap shooting, snowmobiling, or rock climbing wall or similar higher-hazard activities?  
If yes, describe \_\_\_\_\_
- Are any recreation amenities or food and beverage or other services contracted out to third-party vendors?  
If yes, explain \_\_\_\_\_
- Are hold harmless agreements in applicant's favor and certificates of insurance naming applicant as additional insured obtained for all independent contractors or vendors?  
If no, explain \_\_\_\_\_
- Do any employees use their own vehicles on company business on average one or more times a week?  
If yes, explain \_\_\_\_\_