



HOTEL SUPPLEMENTAL INFORMATION

(One Supplemental Questionnaire must be completed for each location)

Name of Insured and DBA: _____

Location Address: _____

Insurance Effective Date: _____

Current Insurance Carrier: Package _____ Workers Comp _____ Auto _____

Current Premiums: Package _____ Workers Comp _____ Auto _____

GENERAL INFORMATION:

- 1. Is the building over 20 years old or under renovation? If yes, please provide details including dates of updates to systems: HVAC _____ Plumbing _____
Roof _____ Electrical _____
- 2. Does building contain any unusual design features (atriums, suspended walkways, outside elevators, etc.)? YES / NO _____
- 3. Have there been any prior fungus or mold remediation? YES / NO
- 4. Have there been any prior water damage claims? YES / NO
- 5. Has premises been under current management for past 3 years? YES / NO

PROPERTY INFORMATION:

- 1. Is the property fully sprinklered? YES / NO
- 2. Does applicant have Smoke & Heat alarms? YES / NO
- 3. Local Alarm? YES / NO Central Station? YES / NO
- 4. Are all guest rooms sprinklered or just common corridors and lobbies? _____
- 5. Is there any cooking in rooms? (i.e., microwave, stove/oven, etc?) YES / NO

- 6. What is the distance to the ocean/gulf/ lake/ bay or any body of water? _____
- 7. Do you provide room safes or safe deposit boxes for storage of valuables? YES/ NO
- 8. If so how many boxes and what is the name of the mfr of the boxes _____
- 9. Is it a two key box? YES/NO What limit of coverage do you carry on the boxes? _____
- 10. List types of property owned by patrons left in your care, custody or control.

Commercial Kitchen/ Restaurant:

- 1. Is there automatic extinguishing over cooking surface? YES/ NO
- 2. Is the extinguishing equipment UL 300 compliant? YES/ NO
- 3. Are sprinklers in exhaust hood? YES /NO
- 4. Are filters cleaned at least once a week? YES /NO
- 5. Are hoods/ ducts serviced semi-annually? YES/ NO
- 6. Is ansul system serviced at least semi-annually? YES /NO
- 7. Are there automatic shut-offs on deep fat cookers? YES/ NO

LIABILITY INFORMATION:

General:

1. Annual Room Sales _____ Occupancy Rates _____
2. Do rooms enter from interior or exterior corridor? _____
3. Are parking areas well lit and free of visual obstructions? YES/ NO
4. Are parking areas monitored with either security cameras or patrol persons? YES/ NO
5. Describe any sports facilities ex: (Racquet Ball, Volley Ball, Boating, Fishing, Tennis, Golf Courses). _____
6. List other services provided: (Kennel, Child Care, Beauty/ Barber Shop, Laundry/ Dry Cleaning, spa, etc.) _____
7. Are security cameras used to monitor the front desk and all entrance doors? YES/ NO
8. Do you have a magnetic key system? YES/ NO
9. When are the keys cleared? _____
10. Describe type of local attractions: _____
11. Number of Conventions/ Trade shows/ Conferences hosted per Year: _____
12. Patron Demographics: % business travelers _____ % family stays _____
13. Average length of stay _____

Liquor Liability:

1. Is there a restaurant or lounge? YES/NO Is it leased out? YES/ NO
2. Annual Food Sales _____ Annual Alcoholic Bev.. Sales \$ _____
3. Leased Sq. Footage _____
4. Have servers received any training to avoid serving alcohol to intoxicated guests? YES/ NO

AUTOMOBILE LIABILITY

1. Are Non Owned/ Hired Autos used? YES/ NO Total number of employees _____
2. Do you provide transportation for guests? YES/ NO
3. If yes, please describe type of transportation, duration and distance: _____
4. Any passenger vans or buses carrying more than 10 people used for transportation? YES/ NO

Swimming Pool:

Number of Indoor Pools: _____ Number of Outdoor Pools: _____

Age of Pools: _____ Name of Pool Management Company _____

(Attach Certificate of Insurance) Phone # of Pool Mgmt Co: _____

1. Are pool areas totally enclosed by a substantially constructed fence of at least six feet high with a self-latching and self-closing gate? YES / NO
2. Are there DIVING BOARDS present? YES / NO
3. Is any diving permitted from the pool deck? YES / NO
4. Are pool depths properly marked (with MIN. 4" lettering) on pool walls? YES / NO
5. Are there any POOL SLIDES? YES / NO
6. Are pool rules, regulations and emergency numbers posted in a conspicuous location? YES / NO
7. Are lifeguards present during all pool operating hours? YES / NO
8. Are there swim classes, aerobic instruction, or other scheduled activities at the pool? YES / NO

Exercise Room:

1. Is there an AED (Automatic Electronic Defibrillator) conveniently located? YES / NO
2. Are Rules posted and enforced? YES / NO
3. Is the Exercise room kept locked with access only by room key? YES / NO
4. Is there a phone, intercom, or other means of communicating with front desk? YES / NO
5. Is maintenance of equipment done on a regular basis and documented? YES / NO
6. Is there a qualified annual service agreement in place? YES / NO
7. Is there access to free weights? YES / NO
8. Are Certificates of Insurance obtained from contractors servicing equipment? YES / NO
9. Are warnings or hold harmless notices posted? YES / NO

Hot Tubs, Saunas, Whirlpools, and Spas:

1. Are Rules posted and enforced? YES / NO
2. Are the consumption of alcoholic beverages permitted? YES / NO
3. Is the equipment approved by UL or NRTL? YES / NO
4. Is the water temperature maintained between 104 degrees and 110 degrees? YES / NO
5. Is the area fenced, and does it have a self-locking gate? YES / NO
6. Are the PH and chlorine levels tested frequently and regularly? YES / NO
7. Are warnings posted for hot tubs and saunas detailing recommended time limits and cautions on existing medical conditions or age limits? YES / NO
8. Are all electrical service outlets GFI protected? YES / NO

PLEASE PROVIDE US WITH THREE YEARS PLUS THE CURRENT TERM LOSS HISTORY

Applicant Signature: _____

Date: _____

Producer Signature: _____

Date: _____