



Hotel Supplemental Questionnaire

Named Insured _____

A separate questionnaire must be completed for each location.

Location # ____ of ____

Address: _____

Type of Hotel

- 5-Star Luxury
- 4-Star Upscale
- 3-Star Full-service with food service
- 3-Star Full-service without food service
- 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 salon/spa operations offered? ***If yes, a Hospitality Services 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 for tribal hotels/casinos?
If yes, explain _____
- Is the front desk staffed 24 hours a day, seven days a week? If no, explain _____

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 hotel guests?
 - 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 a third-party vendor(s)?
 - Yes No
 - Does third-party vendor insurance include abuse and molestation coverage at full limits?

- Is there a pool on the premises?
If yes, explain all amenities _____
(If a waterslide, diving board, wave machine, or lazy river is present, a complex-pool questionnaire must be completed.)

- Does the account use pesticides or herbicides?
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 _____