



**SUPPLEMENTAL APPLICATION
Hotels & Resorts Insurance Program
CITA Insurance Services
A division of Brown & Brown Program Insurance Services, Inc.**

Instructions: A separate supplemental application is required for each hotel location. If any single location has multiple buildings, the information must be detailed by building unless all are the same.

Hotel Group Name: _____

Location Address: _____

Total # of Rooms: _____ **Number of Stories:** _____ **# of Employees:** _____ **Year Built:** _____

If over 25 years old when were updates completed and extent of updating completed:

Type of Construction: _____ **Total TIV:** _____

Occupancy Rate: _____ **Average Room Rate:** _____

Seasonal Dates (If any): _____ **Website Address:** _____

AMENITIES:

AMENITIES ON PROPERTY	HOW MANY?	PROVIDED BY		OUTSIDE VENDOR IF APPLICABLE
Restaurant(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Valet Parking		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside	
Gift Shop(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside	
Golf Carts for guest use		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside	
Indoor Pool(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside	
Outdoor Pool(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside	

Pools or swimming areas – complete if applicable:

Are pools or swimming areas fenced with self closing/ latching gates?

Yes No

If Yes, is a key required to enter pool area?

Yes No

Does any pool have a DIVING BOARD?

Yes No

If Yes, describe height and controls in place: _____

Does any pool have a SLIDE?

Yes No

If Yes, describe length and controls in place:

AMENITY	PROVIDED?		PROVIDED BY		OUTSIDE VENDOR IF APPLICABLE
	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Café area with micro-wave for guests	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Fitness Equipment Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Health Club	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Laundry Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Weight Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Sauna	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Spa	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Barber or Beauty Shop	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Arcade or Amusement Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Group Daycare	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
In-Room Daycare	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Gaming, Casino, or Gambling Activities or Devices	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Indoor Water Park	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Trained Security Personnel	<input type="checkbox"/> Provided (unarmed) <input type="checkbox"/> Provided (armed)	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Sale of Beer/Wine from Front Desk?	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Golf Course	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	

AMENITY	PROVIDED?		PROVIDED BY		OUTSIDE VENDOR IF APPLICABLE
	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Tennis Courts	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Outdoor Water Park	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
RV Utility Hook-ups	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Jet Ski or Wave Runner Boating	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Boating – Canoes, Kayaks, Rowboats	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Boating - Powerboats	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Boating – Other Describe	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Snow Skiing	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Water Skiing	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Snowmobiling	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
ATV Trail riding	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Horseback Riding	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Playground	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	

MANAGEMENT:

1. For this location, which description below best describes the management of this property?

- Owner/Operator
- Hotel Management Company operating as a Franchise
- Hotel Corporation Owned and Operated Location
- Hotel Corporation Owned Location – Operation has been sub-contracted to others
- Other _____

2. Is there a “manager on duty” at all times? Yes No

If yes, are there individuals trained in emergency response procedures? Yes No

3. Are there incident reports available for the manager on duty? Yes No

4. Does the hotel require all outside vendors and amenity sub-contractors to have Commercial General Liability Insurance and provide the hotel with a Certificate of Insurance? Yes No

If yes, what are the limits required? _____

If yes, is Additional Insured wording required benefiting the insured? Yes No

Describe any exceptions _____

5. Does the hotel require all construction and service sub-contractors to have Commercial General Liability Insurance and provide the hotel with a Certificate of Insurance? Yes No

If yes, what are the limits required? _____

If yes, is Additional Insured coverage required in favor of the insured? Yes No

Describe any exceptions _____

PREMISES / OPERATIONS:

6. Is there a formal indoor and outdoor slip/fall management program in place? Yes No

7. Is there an on-site maintenance staff? Yes No

If no, how is maintenance handled? _____

8. If there is a restaurant or cooking facility on the premises, are cooking Surfaces and duct fire extinguishers serviced by a certified contractor? Yes No

If yes, how often is service provided by contractor? _____

9. Are criminal and child abuse background checks completed for all childcare employees and other service professionals in "hands-on" positions, such as massage therapists and fitness trainers? Yes No

If childcare services are provided by your hotel, please answer the following questions:

- a) Is childcare for children of members, guests, and customers only? Yes No
- b) Does employee/child ratio meet state licensing requirements? Yes No
- c) Any prior claims or incidents relating to abuse or molestation? Yes No
- d) Is there any overnight childcare or activities? Yes No

SECURITY / SAFETY:

Note: If this location has multiple buildings, the information must be detailed by building unless all are the same.

10. Is room door locking done by "keyless entry system"? Yes No

11. If keys are used, are keys coded with numbering other than the room #? Yes No
If yes, describe system _____

12. If keys are **NOT** returned, are locks changed immediately? Yes No

13. Do rooms have:

- a) Self closing/self locking devices? Yes No
- b) Secondary locking devices? Yes No
- c) Peepholes? Yes No
- d) Posting of a Limitation of Liability in each room? Yes No

14. Do all windows have a restricted opening device? Yes No

15. Do rooms have balconies/patios? Yes No
If yes, are all guardrail openings less than 4 inches? Yes No

When (month/year) were the guard railings last checked for rust or corrosion? _____/_____

- If yes, do all first floor patio doors have an anti-theft device? Yes No
16. Is access to property and/or hallways restricted after hours? Yes No
If yes, describe controls _____
17. Do you use surveillance cameras? Yes No
If yes, are they monitored and video taped? Yes No
If yes, what areas are monitored? _____

18. If they are monitored, record below how and when they monitored?

- ___ Special Events Only / On-site by contracted security personnel
___ 24 / 7 On-site by contracted security personnel
___ Off-site by contracted security personnel
___ Special Events Only On-site by employee security personnel
___ 24 / 7 On-site by employee security personnel
___ Monitored by the front desk employee(s)
___ Other security measures and monitoring information:

LIFE SAFETY INFORMATION:

19. If there is a restaurant or commercial kitchen, is it located IN or ATTACHED TO the Hotel?

___ Located IN the Hotel ___ ATTACHED TO the Hotel

20. Date this location was last inspected to confirm compliance _____

21. Is this location compliant with NFPA 101 Life safety codes? Yes No
22. Is this property monitored 24 / 7 by a central station fire alarm monitor? Yes No
23. Is the building sprinklered? Yes No
If yes, percentage of building _____ %
If less than 100% what areas are not sprinklered?

24. Is emergency lighting in place in hallways and common areas? Yes No

25. Is there a back-up generator for elevators? Yes No

26. Are elevators programmed to return to and remain at lobby level as soon as a fire alarm sounds? Yes No

27. Fire Safety Messages - where are the safety signs posted and what information is included?

28. Are there enclosed stairwells or fire towers to provide smoke free Egress to ground floor or roof? Yes No

29. Are all rooms equipped with smoke detectors? Yes No
If yes, hard wired or battery _____

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AUTO:

30. Are owners, managers or supervisors allowed to use their personal Yes No

autos in any course of the hotel's business?

If yes, what is the estimated number of trips and the average distance per trip on a monthly basis that they might use their own vehicle?

Number of trips: _____ Average Distance: _____ miles

31. Is there a formal rule in place prohibiting cell phone usage without the appropriate hands free device by employees operating vehicles on the insured's behalf? Yes No
If yes, Are employees required to provide acknowledgement of this rule as a condition of operating vehicles on the insured's behalf? Yes No

32. Is livery service provided?* Yes No

**If yes, please complete the Livery Service Supplemental Questionnaire*

MISCELLANEOUS:

33. Is there a formal Workers Compensation Safety program in effect? Yes No
34. Is there a formal Return To Work program in place for employees? Yes No
If, yes please detail _____
35. Any facilities leased to others at this location? Yes No
If, yes please detail _____
36. If liquor is provided to guests, are all employees who serve liquor required to complete appropriate Alcohol Awareness training (e.g. T.I.P.S.)? Yes No
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Completed By: _____

Title: _____ **Date:** ____ / ____ / ____

