

SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Applicant's Name: _____

Applicant's Mailing Address: _____

Agency Name: _____

Effective Date: _____

GENERAL INFORMATION

1. Website Address: _____

2. Number of years in business: _____

3. Number of years of hospitality management experience: _____

4. Is the hotel part of a franchise? Yes No

If Yes, what franchise? _____

5. Number of rooms: _____ Average room rate: _____

Average occupancy %: _____ Number of stories: _____

6. Total annual sales: _____ Total annual sales (rooms only): _____

7. Describe primary type of guest (business traveler, tourist, family, extended stay occupant, other)

8. Does the Applicant have a closed season? Yes No

If Yes, when: _____

9. Has the Applicant maintained an operating profit for last 3 years? Yes No

10. Is there a manager on premises/duty 24 hours? Yes No

If No, when: _____ to _____

11. Are there kitchenettes in guest rooms? Yes No

If Yes, describe:

12. Are there any hotel amenities such as water/snow activities, golf, etc.? Yes No

If Yes, describe:



6. Are the rear and side exits and parking lots well lit? Yes No
If Yes, please describe:

POOLS (Complete only if risk has a pool)

1. Number of pools: _____ Fenced? Yes No Locking Gate? Yes No
Slides? Yes No Diving Board? Yes No
Life Guards? Yes No Is pool depth marked? Yes No
"No Diving" signs posted? Yes No
2. Do they test and record chemical reading in pool water daily? Yes No

AUTOMOBILE

1. Does Applicant own any automobiles? Yes No
If Yes, number of automobiles: _____
2. Any vehicles with more than eight-passenger capacity? Yes No
3. If seating capacity over eight-passenger, please provide vehicle information and seating capacity:
- | | | | |
|-----------|-------|-----------|-------|
| Vehicle 1 | _____ | Vehicle 4 | _____ |
| Vehicle 2 | _____ | Vehicle 5 | _____ |
| Vehicle 3 | _____ | Vehicle 6 | _____ |
4. Transportation of guests? Yes No
5. Are all drivers over 25? Yes No
6. Are there designated drivers? Yes No

If No, explain:

7. Is operation radius local? Yes No
If No, explain:

8. Is there an arrangement with a limo service, taxi service, or independent livery service? Yes No
If Yes, explain:

9. Is valet parking provided? Yes No
10. Is there a vehicle safety training program in place? Yes No



WORKERS' COMPENSATION

- 1. Do you offer health benefits to full time employees? Yes No
- 2. Do you have an Employee Handbook that describes all employee expectations? Yes No
- 3. Do you have a formal written safety program in place and provide ongoing training? Yes No
- 4. What is the employee turnover percentage on an annual basis? _____ %
- 5. Do you provide material handling/lifting training on an ongoing basis? Yes No
- 6. What is the maximum weight lifted manually? _____ lbs.
- 7. Is there a fall protection program in place? Yes No
- 8. Are there safety protocols in place for bacteria and other hazardous substances? Yes No
- 9. Does management have a safety committee that performs and reviews incident/accident investigations? Yes No

HIGH RISE (Complete only if location is more than 3 stories)

- 1. Number of enclosed stairwells: _____ Number hours fire rating: _____
Number of other stairwells: _____ Number of fire escapes: _____
- 2. Smoke detectors? Yes No Heat detectors? Yes No
Central station alarm? Yes No
- 3. Are openings in floors or fire walls protected by fire doors, fire dampers, etc.? Yes No
- 4. Self-closing doors:
Hallways Yes No Sleeping units Yes No
Stairways Yes No
- 5. Number of elevators: _____ Heat sensitive? Yes No
- 6. HVAC System:
Equipped w/combustion detector Yes No Programmed for automated shutdown Yes No
- 7. Emergency notification system? Yes No
If Yes, please describe:

- 8. Are there more than one means of egress from each floor? Yes No
- 9. Is there a written evacuation plan posted in each room? Yes No

RESTAURANT/LOUNGE (Complete if restaurant is on premises)

- 1. Operated by Applicant? Yes No
- 2. Operated by tenant? Yes No
If tenant, certificates of insurance on file? Yes No
- 3. Type of restaurant:
 Family Fine dining Fast food Sports bar Cafeteria
- 4. Business Days: From: _____ am/ pm to _____ am/ pm
- 5. Food sales: \$ _____ Liquor sales: \$ _____ Total sales: \$ _____
- 6. Catering or off premises food activities as percentage of total receipts: _____
- 7. Seating capacity: Dining Room _____ Bar _____ Patio _____ Total _____



8. Cooking Equipment:
- # of deep fat fryers _____ # of ranges _____
- # of broilers _____ # of ovens _____
- # of grills _____ Other _____
9. Auto extinguishing system? Yes No
10. UL300 system? Yes No
11. Has required fuel shutoffs? Yes No
12. Covers all cooking and ventilation equipment? Yes No
13. Is Applicant compliant with both NFPA Standard #96 and UL300 Standard? Yes No
14. Frequency of hood cleaning: _____
15. Frequency of duct work cleaning: _____
16. Professional hood and duct service firm used? Yes No
Name: _____
17. Refrigeration maintenance agreement in place? Yes No
Name: _____
18. Contract pest control services? Yes No
19. Any health code violations in last 3 years? Yes No
20. Employees trained in PR, Heimlich maneuver and alcohol awareness (TIPS)? Yes No

LIQUOR LIABILITY (Complete if you are requesting a Liquor Liability quote)

1. Is there live entertainment or DJ on the premises? Yes No
If Yes, please describe:

2. Is there a dance floor? Yes No
3. Are there any Happy Hours or other events when drinks are sold at a lower price? Yes No
4. Is there a sponsorship of any sports or special events? Yes No
If Yes, please describe:

5. Are alcohol servers allowed to refuse service to a customer? Yes No
6. Describe ID checking procedures _____

7. How long has the Applicant had a liquor license for this location?
8. Has the current license or any other license held by the Applicant been suspended or revoked? Yes No
9. Has any fine been paid or citation issued against the Applicant for illegal serving of alcohol? Yes No
10. Is Applicant in compliance with all state requirements for the serving of alcoholic beverages? Yes No
11. Has the Applicant had any alcohol liability claims during the past 5 years? Yes No
12. Has the Applicant ever had a Liquor Liability policy cancelled or nonrenewed? Yes No



HOSPITALITY SERVICES (Complete if you are requesting a Hospitality E&O quote)

1. Select limit (options are): \$100,000 \$250,000
2. Describe hospitality services provided to guests (i.e., hosting business conferences, event planning, weddings, etc.):

3. What are the total annual sales/revenues associated with providing hospitality services? _____
4. Percent of time Applicant uses formal contracts and hold harmless agreements for independent contractors? _____
5. Does Applicant have written best practices for delivery of hospitality services? Yes No

OTHER

1. Does Applicant have commercial tenants? Yes No
If Yes, describe and are certificates of insurance on file? Yes No

2. Does Applicant sublet any operations? Yes No
If Yes, please describe:

3. Does Applicant provide health club/day spa facilities? Yes No
If Yes, explain services:

4. Please describe Applicant's hiring practices:

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ Date: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc., to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ Date: _____