

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## GENERAL INFORMATION

1. Website Address: \_\_\_\_\_

2. TripAdvisor Rating:  1  2  3  4  5

3. Number of years in business: \_\_\_\_\_

4. Number of years of hospitality management experience: \_\_\_\_\_

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

If Yes, what franchise? \_\_\_\_\_

6. Number of rooms: \_\_\_\_\_ Average room rate: \_\_\_\_\_

Average occupancy %: \_\_\_\_\_ Number of stories: \_\_\_\_\_

7. Total annual sales: \_\_\_\_\_ Total annual sales (rooms only): \_\_\_\_\_

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

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

If Yes, when: \_\_\_\_\_

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

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

If No, when: \_\_\_\_\_ to \_\_\_\_\_

12. Are there kitchenettes in guest rooms?  Yes  No

If Yes, describe: \_\_\_\_\_

13. Are there any air supported structures?  Yes  No

If Yes, describe: \_\_\_\_\_

14. What amenities does the Applicant have? (Check all that apply)

Restaurant  Lounge/Bar  Pool  Hot Tub/Sauna  Fitness Center

Business Center  Meeting Rooms  Gift Shop  Valet Parking  Playgrounds

Other: \_\_\_\_\_



**SECURITY**

- 1. Are all employees screened for the following: (Check all that apply below)  
 Previous references     Drug testing     Criminal records     Sexual Offender Registry
- 2. How are rooms accessed by guests?  
 Interior corridor     Exterior corridor     Both
- 3. Type of key system:     Programmable card key     Standard key and lock
- 4. Is the front door staffed 24/7?  Yes     No
- 5. Does the Applicant have a security camera?  Yes     No
- 6. Does the Applicant use security personnel?  Yes     No  
If Yes, are they armed?  Yes     No  
If Yes, are they employees?  Yes     No  
If No, name of security firm? \_\_\_\_\_
- 7. If using an outside security firm, do they name our Insured as an additional Insured?  Yes     No
- 8. Are rear and side exterior doors protected by self-locking mechanisms and do they require key cards to open?  Yes     No
- 9. Are ground floor rooms provided with locking bar if there is a slide open door?  Yes     No
- 10. Is management aware of local crime statistics and conduct safety audits to ensure adequate protection of guests?  Yes     No  
If Yes, please describe: \_\_\_\_\_

**PROTECTION**

- 1. Smoke Alarms:  
In each unit     Yes     No    Battery     Yes     No  
Hardwired     Yes     No    Central Station     Yes     No
- 2. Manual fire alarms:     Yes     No    Central Station     Yes     No
- 3. Building Sprinklered:  Yes     No  
All floors     Yes     No    In each sleeping area     Yes     No  
Restaurant     Yes     No    Storage or stock room     Yes     No  
Check type of sprinkler:  
 Dry     Wet     Pipe Schedule     Hydraulic design     Halon     CO2     Foam  
 Wet chemical     Dry chemical     Other: \_\_\_\_\_
- 4. Flow alarm on sprinklers?  Yes     No
- 5. Are attics (where sprinklers are located) insulated or heated?  Yes     No
- 6. Is there a written evacuation plan?  Yes     No
- 7. Is facility ADA compliant?  Yes     No
- 8. Is smoking allowed inside rooms?  Yes     No  
If Yes, please describe: \_\_\_\_\_
- 9. Are the rear and side exits and parking lots well lit?  Yes     No  
If Yes, please describe: \_\_\_\_\_



**POOLS (Complete only if hotel 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. How often is the water quality tested by a certified person?  1X a day  2X a day  > 2X a day
- 3. Do you keep water quality records for > 1 year?  Yes  No
- 4. How is disinfectant added to the pool for routine dosing and shock dosing?  
 Automatic System  Manually  
Describe the procedures for adding disinfectant: \_\_\_\_\_  
\_\_\_\_\_
- 5. Describe procedures for storage of pool chemicals: \_\_\_\_\_  
\_\_\_\_\_

**FITNESS CENTER (Complete only if hotel has a fitness center)**

- 1. Hours of operation:  24 hours—access with room key  \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- 2. What is the minimum age to use the facility without supervision? \_\_\_\_\_
- 3. Does the fitness center have an emergency/panic button, telephone, or CCTV?  Yes  No
- 4. Is the fitness center routinely monitored for housekeeping and cleanliness?  Yes  No

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

- 1. Number of enclosed stairwells: \_\_\_\_\_ 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  
If Yes, name: \_\_\_\_\_
17. Contract pest control services?  Yes     No
18. Any health code violations in last 3 years?  Yes     No
19. Employees trained in PR, Heimlich maneuver and alcohol awareness (TIPS)?  Yes     No
20. Does the Applicant have a formal quality control program for food and beverage preparation?  Yes     No  
Check all that apply:     Back-up Generators     Refrigeration Temperature Alarm  
 Refrigeration Maintenance Agreement     Routine Food Inspection (expiration dates)  
 Culture of Cleanliness and Hygiene

**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 the 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



**AUTOMOBILE**

- 1. Does the 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. How are the passenger vans used?
  - a. Radius:  <5 miles  <10 miles  >10 miles
  - b. Route destination:  Airport (To/From)  Local Restaurants and Stores  Local Attractions
  - c. Route congestion:  Urban  Suburban  Rural  Highway  Mixed
  - d. Hours of operation:  On Call 24 hours  \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.
- 6. Are all drivers over 25 years old and younger than 65 years old?  Yes  No
- 7. Does the Applicant have a driver selection process that includes reference and MVR checks as well as drug and alcohol testing?  Yes  No
- 8. Does the Applicant have a formal safety policy for:
  - a. Driver Training?  Yes  No
  - b. Vehicle Safety and Maintenance?  Yes  No
  - c. Personal Use of Company Owned Vehicles?  Yes  No
  - d. Distracted Driving (cell phone/texting policy)?  Yes  No
- 9. Is there an arrangement with a limo service, taxi service, or independent livery service?  Yes  No  
If Yes, explain: \_\_\_\_\_
- 10. Is valet parking provided?  Yes  No  
If Yes,  Owned parking lot  Separate, non-owned parking lot

**WORKERS' COMPENSATION (Complete if you are requesting a WC quote)**

- 1. Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_
- 2. Do you have a formal selection/hiring process in place?  Yes  No
- 3. Do you offer health benefits to full-time employees?  Yes  No
- 4. What is the employee turnover percentage on an annual basis? \_\_\_\_\_%
- 5. Does management have a commitment to safety along with a safety person, a safety committee and a formal accident investigation process?  Yes  No  
If Yes, please explain: \_\_\_\_\_
- 6. Do you have a formal written safety program in place and provide ongoing training?  Yes  No



7. Is training provided for the following?:
- Material handling?  Yes  No Maximum weight lifted? \_\_\_\_\_ lbs.
- Knife safety and use (kitchen)?  Yes  No
- Personal protective equipment protective equipment provided and trained for its use?  Yes  No
- Hazardous material (cleaning chemical) handling?  Yes  No
8. Do you have a return to work program?  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 the Applicant uses formal contracts and hold harmless agreements for independent contractors? \_\_\_\_\_ %
5. Does the Applicant have written best practices for delivery of hospitality services?  Yes  No

**OTHER**

1. Does the Applicant have commercial tenants?  Yes  No
- If Yes, describe and are certificates of insurance on file?  Yes  No
- \_\_\_\_\_
2. Does the Applicant sublet any operations?  Yes  No
- If Yes, please describe:
- \_\_\_\_\_
3. Does the Applicant provide health club/day spa facilities?  Yes  No
- If Yes, explain services:
- \_\_\_\_\_
4. Please describe Applicant's hiring practices:
- \_\_\_\_\_

**Signature of Authorized Entity Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_