

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:** _____