

Hotel/Motel Supplemental Application

Named Insured: _____ DBA: _____

Mailing Address: _____

Phone Number: _____

Contact Name for Insured: _____

Years in Operation: _____ If less than 3 yrs, please explain prior business experience: _____

Interior or Exterior Corridors? _____ Security provided on premises? Y/N _____

If yes to security, please explain: _____

Banquets on premises? Y/N _____ Meeting rooms on premises? Y/N _____

Is access to lobby and/or bldg. restricted at night? Y/N _____

Is there a restaurant on premises? Y/N** _____ Is the kitchen/restaurant leased or owned? _____

****If Yes, please submit "Restaurant Supplemental Application" with this application.**

Swimming Pools on premises: _____ If there are pools, who handles chemicals for the pool(s): _____

Employees over age 60: _____ Please list ages and duties of all employees over age 60:

What safety procedures and materials are utilized for laundry and housekeeping?

Do any employees operate motor vehicles on behalf of applicant? Y/N _____ MVRs for all drivers? Y/N _____

If yes to drivers, what type of vehicle? _____

Are any drivers under the age of 21? Y/N _____ Age(s) under 21: _____

Are shuttles provided? Y/N _____ Are valets provided? Y/N _____

Does insured utilize a Return to Work Program? Y/N _____

Name of Return to Work Coordinator: _____

Thank you for providing this important information.

Signature of Person Completing This Application _____

Date Signed _____