

HOTEL SUPPLEMENTAL APPLICATION

Named Insured:

Producer:

SAFETY/LOSS CONTROL

1. Does the insured have a formal safety program: Yes No
If yes, give a description:
2. Does the insured have a full-time Safety Director on staff? Yes No
With no additional duties? Yes No
If yes, Name of Full-Time Safety Director (owner does not qualify): _____
3. Are safety meetings conducted? Yes No
4. Formal Accident Investigation Program in place: Yes No
If yes, is it? Formal Informal
5. Return to Work Program in place: Formal Informal None
6. Does risk have pre-hire and post-accident drug testing: Yes No
7. MVR checks done pre-hire & annually: Yes No No driving exposures (N/A)
8. Number of employees is: Increasing Decreasing Stable

Additional Ownership Information

9. If you answered 'Yes' to ACORD question #5 (is applicant involved in any other type of business?) Is the risk's business combinable with this entity? Yes No
10. Is the other business included on this application or submitted to ICW Group on a separate application? Yes No

Catastrophic Exposure

11. Does this risk have more than 50 employees in a building that is 4 stories or greater? Yes No

Prior Insurance

12. How many years has this risk had Workers' Compensation Insurance? _____ Yrs

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PROGRAMS

Health Benefits

13. Employee participation _____ % Employer's Contribution _____ %

14. Union? [] Yes [] No

15. Turnover % last 12 months? _____ %

16. Please provide all four (4) years of premium and payroll information.

Policy Term	Annual Premium	Annual Payroll
Expiring policy		
1st prior		
2nd prior		
3rd prior		

Hotel/Motel Restaurants Questions

1. Which best describes the type of lodging associated with the restaurant?
 [] Hotel [] Motel [] Other (please enter full description: _____)

2. Select ALL types of restaurants to be insured from the following: How many:

[] Hotel/Resort Restaurant	_____
[] Casual Dining/Family Restaurant	_____
[] Diner (IHOP, Denny's, etc.)	_____
[] Fast Food	_____
[] Fine Dining (Entrée Price \$20 or >	_____
[] Mobile Catering Truck or Meals on Wheels	_____
[] Nightclub	_____
[] Pizza Delivery	_____
[] Taverns/Sport Bars	_____

3. Does risk have off-site catering (delivery and set-up of food)? [] Yes [] No

4. Does risk have entertainment? [] Yes [] No

5. Does the risk have security guards or bouncers? [] Yes [] No

6. What is the percentage of liquor sales? [] Yes [] No

7. Are any of the risk's locations open after 11:00 PM? [] Yes [] No

8. Does the risk have employees who perform pick-up or delivery? [] Yes [] No

9. Does the risk require non-slip shoes? [] Yes [] No

10. Is this a "Shoes for Crews" program? [] Yes [] No

Hotel Specific Questions

1. Does risk rent their rooms by the hour? [] Yes [] No

2. Which of the following best describes the risk's operations:
 [] Motel [] Bed & Breakfast
 [] Hotel [] Fraternity/Sorority house, boarding house, dude ranch, brothel

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PROGRAMS

3. What is their **AAA** rating or comparable travel industry rating?
(check rating at www.aaa.com, www.expedia or other travel websites)
- 5 Star/Diamond 3 Star/Diamond 1 Star/Diamond
 4 Star/Diamond 2 Star/Diamond No Rating
4. Does risk sub out construction work or major repairs? Yes No
5. Does the risk provide shuttle service? Yes No

Name of Person completing application

Dated