

**SUPPLEMENTAL APPLICATION  
Hotels & Resorts Insurance Program  
Brown & Brown Program Insurance Services, Inc.  
DBA: CITA Insurance Services**

**Hotel Group Name:** \_\_\_\_\_

**Note: A separate supplemental application is required for each hotel location. If any single location has multiple buildings, the information must be detailed by building unless all are the same.**

**Location Address:** \_\_\_\_\_  
\_\_\_\_\_

**Total # of Rooms:** \_\_\_\_\_ **Number of Stories:** \_\_\_\_\_ **Year Built:** \_\_\_\_\_

**If over 25 years old updates completed and type:** \_\_\_\_\_  
\_\_\_\_\_

**Type of Construction:** \_\_\_\_\_ **Total TIV:** \_\_\_\_\_

**Occupancy Rate:** \_\_\_\_\_ **Average Room Rate:** \_\_\_\_\_

**Seasonal Dates(If any):** \_\_\_\_\_ **Website Address:** \_\_\_\_\_

<u><b>Management:</b></u>	<u><b>Yes</b></u>	<u><b>No</b></u>
1. Is there a "manager on duty" at all times?	___	___
If Yes, are there individuals trained in emergency response procedures?	___	___
2. Which "best" describes the ongoing management of this property?		
___ Franchisee		
___ Owner/Operator		
___ Management Company Run		
___ Other _____		
3. Is property rated by a recognized rating organization?	___	___
If Yes, by whom? _____		
If Yes, what is the rating _____		
4. Are there incident reports available for the manager on duty?	___	___
5. Certificate of Insurance program in place for all subcontractors?	___	___
If yes, what are the limits required? _____		
If yes, is Additional Insured wording required benefiting the insured?	___	___
Describe any exceptions _____		

**Premises/Operations**

**Yes**

**No**

- 6. Is there a formal slip/fall management program in place?
- 7. Is there an on-site maintenance staff?  
If no, how is maintenance handled? \_\_\_\_\_
- 8. Do you provide valet parking?  
If yes, is this service subcontracted?
- 9. Is there a restaurant or cooking facilities on the premises  
If yes, are cooking services and duct fire extinguishers serviced by  
a certified contractor?    
  
If yes, how often is service provided by contractor? \_\_\_\_\_

**Security/Safety**

Note: If this location has multiple buildings, the information must be detailed by building unless all are the same.

- 10. Is room door locking done by “keyless entry system”?
- 11. If keys are used, are keys coded with numbering other than the room #?  
If yes, describe system \_\_\_\_\_
- 12. If keys are **NOT** returned, are locks changed immediately?
- 13. Do rooms have:
  - a) Self closing/self locking devices?
  - b) Secondary locking devices?
  - c) Peepholes?
- 14. Do all windows have a restricted opening device?
- 15. Do rooms have balconies/patios?  
If yes, are all guardrail openings less than 4 inches?    
If yes, do all first floor patio doors have a anti-theft device?
- 16. Do you have a trained and certified security staff?  
If yes, is this service subcontracted?
- 17. Is access to property and/or hallways restricted after hours?  
If yes, describe controls \_\_\_\_\_
- 18. Do you use surveillance cameras?    
If yes, are they monitored and video taped?    
If yes., what areas are monitored? \_\_\_\_\_

**Amenities - Check for all amenities offered:**

Boating \_\_\_\_\_ Skiing \_\_\_\_\_ Pool \_\_\_\_\_ Spa \_\_\_\_\_ Sauna \_\_\_\_\_ Health Club \_\_\_\_\_

Weight Room \_\_\_\_ Golf \_\_\_\_ Tennis \_\_\_\_ Horseback Riding \_\_\_\_ Playground \_\_\_\_  
 Daycare \_\_\_\_ Other \_\_\_\_

19. If watersports are provided please detail

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20. Are amenities provided by insured or by a vendor? Please detail

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	<u>Yes</u>	<u>No</u>
21. Pool – complete if there is a pool on site		
Are pools fenced with self closing/latching gates?	___	___
If yes, is a key required to enter pool area?	___	___
22. Is there a diving board or slide?	___	___
If yes, describe length and controls in place:		

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**Life Safety Information**

23. Are all rooms equipped with smoke detectors?	___	___
If yes, hard wired or battery _____		
24. Is there a 24 hour central monitor?	___	___
25. Has compliance been met with all local building codes and with?		
NFPA 101 life safety codes?	___	___
26. Fire Safety Messages – Where are the safety signs posted and what information is included?		
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27. Are there enclosed stairwells or fire towers to provide smoke free egress to ground floor or roof?	___	___
28. Is emergency lighting available?	___	___
29. Is there a back-up generator for elevators?	___	___
30. Are elevators programmed to return to and remain at lobby level as soon as a fire alarm sounds?	___	___
31. Is the building sprinklered ?	___	___
If yes, percentage of building ____%		
If less than 100% what areas are not sprinklered?		

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**Auto**

	<u>Yes</u>	<u>No</u>
32. Are owners, managers or supervisors allowed to use their personal autos in any course of the hotel's business?	___	___

If yes, what is the estimated number of trips and the average distance per trip?  
on a monthly basis that they might use their own vehicle?

Number of Trips \_\_\_\_\_ Average Distance \_\_\_\_\_

33. Is livery service provided? \_\_\_\_\_

If yes, \_\_\_\_\_ (# of livery vehicles) \_\_\_\_\_ (Max. # of Passengers)

If yes, describe extent of service?  
\_\_\_\_\_

If yes, describe positions that have livery responsibility and training provided?  
\_\_\_\_\_

**Miscellaneous:**

34. Is there a formal Workers Compensation Safety program in effect? \_\_\_\_\_

35. Any facilities leased to others at this location? \_\_\_\_\_  
If, yes please detail \_\_\_\_\_

36. Provide additional details of this property if needed to permit accurate understanding of the operations:  
\_\_\_\_\_

**Completed By** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_