Hospitality Services Questionnaire

Named insured | Location(s)
---|---

Email address of insurance buyer | Eff. date
---|---

URL
---

Insurance contact for Loss Control | Phone
---|---

A complete submission must have the following documents:
- ACORD applications — every 3 years
- Hospitality Services Questionnaire — every 3 years
- Umbrella, D&O, Fiduciary and EPL Supplemental Applications
- Complete drivers’ list — annually, pre-quote
- International Application

1. Please indicate which additional coverages you would like to have quoted:

- Directors’ and Officers’ Liability
- Crisis Management Liability
- PropertyGard® Extension Endorsement for Restaurants and Hotels
- Valet Parking Endorsement
- Wine Valuation Endorsement
- Communicable Disease / Realty Tax Increased Assessment
- Hole in One Limit
- Builders’ Risk/Owners’ Risk
- Hospitality Services E & O
- For general hotel operations
- For beauty shop and spa operations
- For fitness and other recreational operations
- For real estate sale and maintenance operations
- Deductible: $1,000 $2,500 $5,000 Other
- Marina Operations Coverages
- Piers, Docks and Floating Slips Limit
- Marine Operations Legal Liability Limit
- Protection and Indemnity Limit
- Watercraft physical damage Limit

Construction type

<table>
<thead>
<tr>
<th>Estimated completion date</th>
<th>Total value $</th>
<th>Deductible $</th>
</tr>
</thead>
</table>

Type of construction project:
- Retrofit
- New building
- Fixtures
- Structural improvements
- Mechanicals
- Other — Please describe

Name of contractor

- Special Property Endorsements for Golf Clubs — Limits for: PropertyGard® Golf and Country Club Special Extension Endorsement
- PropertyGard® Golf and Country Club Additional Limits Endorsement

PropertyGard® Golf and Country Club Additional Limits Endorsement

<table>
<thead>
<tr>
<th>Permanent Structures Intended for Public Use</th>
<th>Limit $</th>
<th>Deductible $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges:</td>
<td>Limit $</td>
<td>Deductible $</td>
</tr>
<tr>
<td>Tee to Green:</td>
<td>Each tree, shrub or plant limit $</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Each green limit $</td>
<td>Deductible $</td>
</tr>
<tr>
<td>Sprinklers and Underground Wiring:</td>
<td>Each occurrence limit $</td>
<td>Deductible $</td>
</tr>
<tr>
<td></td>
<td>All occurrences 12-month limit $</td>
<td></td>
</tr>
</tbody>
</table>
Outdoor Property: Each tree, shrub or plant limit $ Deductible $

Each occurrence limit: $ All occurrences/12-month period limit $

Tee to Green Debris Removal Restoration Per tree $ Deductible $

Each occurrence $ Deductible $

All occurrences/each 12-month period $ Deductible $

Please complete a separate application for items 2–7 for each of your locations

2. General information

<table>
<thead>
<tr>
<th>Number of rooms</th>
<th>Average room rate</th>
<th>Average occupancy rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of total property values in condos and timeshares</td>
<td>Liquor receipts as a percentage of combined food and liquor receipts at each location %</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is front desk staffed 24/7? Describe other premises security (guards, cameras, etc.):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are guards armed? N/A (no guards)</td>
<td></td>
</tr>
<tr>
<td>If guards are provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?</td>
<td></td>
</tr>
</tbody>
</table>

What is the percentage of guest rooms that are designated smoking rooms?
- Less than 10%
- 10–24%
- 25–49%
- 50% or more

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there woodburning fireplaces in the rooms?</td>
<td></td>
</tr>
<tr>
<td>Is entry to rooms:</td>
<td></td>
</tr>
<tr>
<td>Through a lobby</td>
<td></td>
</tr>
<tr>
<td>Through external stairway with no controls</td>
<td></td>
</tr>
<tr>
<td>Through exterior corridors with key entry</td>
<td></td>
</tr>
<tr>
<td>Are keys to rooms by:</td>
<td></td>
</tr>
<tr>
<td>Electronic keys</td>
<td></td>
</tr>
<tr>
<td>Steel keys</td>
<td></td>
</tr>
<tr>
<td>Describe key changing procedures:</td>
<td></td>
</tr>
</tbody>
</table>

What is the capacity of the largest shuttle van? What is the radius and anticipated use of the shuttle vans?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If liquor is served, do all bartenders and servers receive TIPS or other liquor service training?</td>
<td></td>
</tr>
<tr>
<td>Has liquor coverage ever been cancelled or non-renewed? If so, describe why.</td>
<td></td>
</tr>
<tr>
<td>If any fines, citations or license suspensions/revocations have occurred, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is liquor served after 11 p.m.?</td>
<td></td>
</tr>
<tr>
<td>Is there a stand-alone bar/cocktail lounge unconnected to a restaurant? If yes, what are the closing hours?</td>
<td></td>
</tr>
</tbody>
</table>

Receipts $ 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a restaurant?</td>
<td></td>
</tr>
<tr>
<td>How often is the automatic extinguishing system professionally inspected? 3 months 6 months yearly</td>
<td></td>
</tr>
<tr>
<td>Is there a hold harmless agreement in place?</td>
<td></td>
</tr>
<tr>
<td>How often are the exhaust filters cleaned? daily weekly every other week monthly or less</td>
<td></td>
</tr>
<tr>
<td>How often is the hood, duct, and flue cleaning done by an independent contractor? monthly quarterly semi-annually once a year or less</td>
<td></td>
</tr>
<tr>
<td>Is there a hold harmless agreement in place?</td>
<td></td>
</tr>
</tbody>
</table>
3. General operations

Total annual revenue from concierge, business services, meeting and event planning services, catering, notary: $_____________________

Please indicate which services you provide or will be providing in the next year:

Yes  No

☐  ☐ Car valet

If valet services are provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

☐  ☐ Concierge

☐  ☐ Meeting and special event planning

Largest event (No. of attendees)  No. of offsite events

☐  ☐ Catering

No. of offsite events

☐  ☐ Copying and other business services

☐  ☐ Bartending

☐  ☐ On premises  Number of onsite events:

☐  ☐ Off premises  Number of offsite events:

4. Beauty and spa operations

Total annual revenue from beauty and spa services: $_____________________

NOTE: We do not provide coverage for:

• Body piercing other than ear piercing
• Tattooing or permanent makeup
• Ear candling or coning
• Hair dyeing with coal-tar dyes
• Dyeing of eyelashes or eyebrows with dyes not approved by the Food and Drug Administration for that application
• Sales of products you manufacture, or which are sold under your brand or label
• Microdermabrasion or chemical peels with more than 10% active ingredients
• Injections of any kind

• Hair removal by x-ray, laser or photocoagulation
• UV light suntanning treatments
• Any invasive treatment, including:
  • Removal of moles, warts or other growths
  • Plastic surgery, sclerotherapy or other procedures to minimize the appearance of veins
• Medical services by a medical professional
• Psychological counseling

Yes  No

☐  ☐ Is the operation performed by your own employees?

☐  ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations:

Describe the nature and number of adverse client service experiences for this category:

☐  ☐ Are all professionals and operators licensed by recognized licensing organizations?

How many operators do you have (e.g., cosmeticians, electrologist technicians, estheticians, manicurists, pedicurists, etc.)?

5. Physical fitness facilities

Total annual revenue from physical fitness facilities: $_____________________

NOTE: We do not provide coverage for:

• Nutritional counseling
• Sales of privately labeled products or nutritional supplements / products of others
• Sales of products you manufacture, or that are sold under your label or brand
• Medical services by a medical professional
• Psychological counseling
• High-level high-intensity training of professional athletes
5. Physical fitness facilities (continued):

Yes No

☐ ☐ Is the operation performed by your own employees?
☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations:

Describe the nature and number of adverse client service experiences for this category:

☐ ☐ Are all professionals licensed by recognized licensing organizations (e.g., ACSM, AFAA, etc.)?

☐ ☐ Do they have insurance purchased through those organizations? Limits $ 

6. Travel services

Total annual revenue from travel services: $ __________________

NOTE: We do not provide coverage for:

• Services other than organizing and conducting land tours on public roads, and making reservations with outside vendors/operators

Yes No

☐ ☐ Is the operation performed by your own employees?
☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations:

What networks or organizations are you affiliated with?

Please describe the booking services you provide to your guests: (Note: we do not provide coverage for tour operators, student, or adventure tours)

☐ ☐ Have you defaulted on a tour in the last 3 years? If yes, explain:

7. Real estate services

Total annual revenue from real estate services: $ __________________

NOTE: We do not provide coverage for:

• Formulation, syndication, promotion, offer, sale, or management of any real estate investment, trust, or limited or general partnership, real estate brokerage services, or timeshare sales

Yes No

☐ ☐ Is the operation performed by your own employees?
☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations

How many full-time real estate agents do you have on staff?

What services do you provide and what percent of your real estate services revenue is attributable to:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condominium rental or sales</td>
<td>%</td>
</tr>
<tr>
<td>Timeshare rental or sales</td>
<td>%</td>
</tr>
<tr>
<td>Maintenance supervision or contracting</td>
<td>%</td>
</tr>
<tr>
<td>Rental or sales of property not part of hotel premises</td>
<td>%</td>
</tr>
</tbody>
</table>
8. Other recreation services or amenities you offer (or will offer in the next year)
(check boxes for all amenities offered)
☐ Boating  ☐ Bungee jumping  ☐ Sky diving  ☐ Scuba diving  ☐ Skiing
☐ Horseback riding  ☐ Playground  ☐ Day care  ☐ Other
If other, please describe:

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Yes  No
☐ ☐ Do you have a pool? If so, does your pool have:
  ☐ A diving board over 1 meter high
  ☐ Lifeguards on duty
  ☐ A slide under 5 feet of elevation
  ☐ A slide greater than 5 feet of elevation
  ☐ A lazy river
  ☐ General public access or separate revenue from pool operations
  ☐ A fence and self-locking gates
☐ ☐ Do you have a marina or docks that you operate?
☐ ☐ If so, do you have a dock inspection program?
☐ ☐ Are you engaged in the sale of used, brokered, or consigned boats?
☐ ☐ Are you engaged in boat repair?
☐ ☐ Do you rent watercraft?
☐ ☐ Do you rent any equipment? If yes, please describe:
☐ ☐ Is there a written maintenance program for recreational equipment?
☐ ☐ Are any recreational activities or other amenities contracted out or leased to others?
☐ ☐ Do you provide day care services for other than hotel guests?
  For day care services, what is the ratio of providers to children?
☐ ☐ Are criminal background checks and referrals checked for all providers?

Producer signature  Date