

Risk Name:	Effective Date:
Description of Operations: <i>(Boutique & Independent Hotels; Franchise Hotels; Condo / Hotels; Hotel Mgmt Company, etc.)</i>	
Website Address:	

1.0 General Operations

- 1.1 Number of years in business? _____ Is the risk in bankruptcy? Yes No
- 1.2 Number of Hotels _____ Please provide a separate Supplemental Questionnaire for Each Hotel.
- 1.3 Is insured a Builder, Developer or Contractor? Yes No – If YES, please describe:

- 1.4 Type of Management: On site general manager Off site – management firm
 Developer managed other: _____
- 1.5 Does risk employ a position that oversees a safety program for the operations? Yes No
- 1.6 Does risk have a formal, written safety program? Yes No
If YES, please provide as many details as possible and / or copies of programs / handbook.
- a) Evacuation Program? Yes No
 - b) Emergency Response Plan? Yes No
 - c) Self-Inspection Program? Yes No
 - d) Incident Investigation Program? Yes No
 - e) Medical Crisis Plan? Yes No
 - f) Active Shooter Plan? Yes No
 - g) Pandemic Communicable Disease Plan? Yes No

1.7 Please explain protocols in place to comply with CDC and state / local health departments regarding coronaviruses or like diseases (i.e., signage posted, face covering in public spaces, social distancing, enhanced cleaning protocols, food handling):

1.8 Details of any Construction or significant Renovation planned for the property within the next 12-24 months:

- 1.9 Total Number of Employees: Full Time: _____ Part Time: _____
- 1.10 Updated and current Financials attached: Yes No

2.0 Insured Activities

2.1 Please identify all activities that exist at your business:

Operation	Owner Operated	Sub-contracted
Aquatics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Slides / Water Parks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watercraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marina	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boat Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jet Ski Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whitewater Rafting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restaurant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Golf Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fitness Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spa	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Center / Clubhouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Day Care / Day Camp	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equestrian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trampoline (water or land)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Playground	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concerts / Fairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moped / E-Bike Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hunting / Fishing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATV / UTV Rentals	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skeet Shooting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Line / Ropes Course	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Downhill skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cross Country skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Skating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sledding / Tubing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Snow Mobile Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vacant land	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Development property	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other: (Please describe):

- 2.2 Are all guests required to sign waiver of liability form prior to using recreational facilities / equipment Yes No
- 2.3 Is there restricted access to recreational facilities? (i.e., room key required for access, etc.?) Yes No
- 2.4 Is there on-site supervision of the facilities by employees of the hotel? Yes No

3.0 Exterior Insulation Finishing Systems (EIFS)

- 3.1 Location: _____
- 3.2 Year Built: _____
- 3.3 Does the building have EIFS cladding and construction? Yes No
 a) If yes, please provide details of EIFS construction, type (barrier or drainage), and percentage of wall surface area covered: _____
- 3.4 Was the exterior system installed by a certified contractor? Yes No
 a) Is the installer certified by the Association of Wall and Ceiling Industries (AWCI)? Yes No
 Provide Contractors Name and Contact Information: _____
 b) Is EIFS the primary type of installations in which the contractor specializes? Yes No
 c) Are there any remaining warranties on the installation? Yes No
 d) Is the installing contractor still in business? Yes No
- 3.5 Is the hotel's exterior façade being renovated? Yes No
 a) If yes, is it being done by a certified contractor? Yes No
 Provide Contractors Name and Contact Information: _____
- 3.6 Are there hydrants on-site? Yes No
 a) If yes, what is the distance from the hydrant to the building? _____ feet
- 3.7 Is the Fire Department Paid or Volunteer? Paid Volunteer
 a) What is the distance to the fire department? _____ feet
- 3.8 What is the lowest point on the building having EIFS? _____
 a) Does the lowest point of EIFS on the building meet the ground? Yes No
- 3.9 Are any penetrations present – holes or cracks that would permit seepage to enter? Yes No
- 3.10 Are the window surrounds (outer perimeter of window) sealed properly? Yes No
- 3.11 Is there any mold or mildew growth present? Yes No
- 3.12 Have Questions 3.7 through 3.10 been verified by a certified Engineer and / or Contractor? Yes No
- 3.13 Has a certified EIFS contractor come out and done an inspection in the last 12 months? Yes No
 If yes, please provide the inspection report.
- 3.14 Provide photos of:
 a) Drainage system b) The lowest point on the building c) Any penetrations
 d) Window surrounds e) Any damage mold or mildew

4.0 Property

- 4.1 Please include a signed statement of values and a plot plan or an appraisal if property has any unique features.
- 4.2 What is the protection class of the property? _____
 If Protection class 7 or higher, what is the source of the water supply? _____
- 4.3 Property Construction: Frame ; J&M ; MNC / NC ; Fire Resistive
- 4.4 Is the property: Fully Sprinklered Partially Sprinklered Not Sprinklered
- 4.5 Distance to closest fire hydrant? _____ Distance to Fire Department? _____
- 4.6 Is the Fire Department: Paid Volunteer
- 4.7 Is the risk protected by: (check all that apply):
 Central Station Smoke / Heat Alarm Central Station Sprinkler Alarm
 Central Station Burglar Alarm Hard wired smoke / heat detectors
- 4.8 Does the applicant have UL 300 automatic fire extinguishing system (or better) over all cooking areas? Yes No
 a) Does the extinguishing system cover the Deep Fat Fryers? Yes No
 b) How often is the system serviced? Annually Quarterly Monthly Weekly

- 4.9 Water Intrusion:
- a) Does the Risk have a water mitigation program? Yes No
 - b) Any water related incidents in the past five years, including roof, plumbing, HVAC, and flooding? Yes No
 - c) Are individual rooms / units inspected for evidence of water intrusion? Including ice makers? Yes No
 - d) Describe any water or mold remediation activities that have occurred?

- e) What occurs when a water leak or an odor is reported? Describe procedures on how the issue is managed and / or corrected?

5.0 General Liability

- 5.1 Are all guest room locking done by “keyless” (electronic access) entry systems? Yes No
- 5.2 Do guest rooms have self-closing & locking doors with secondary locking devices? Yes No
- 5.3 Are all windows and doors provided with restrictive opening devices? Yes No
- 5.4 Is there a written key / keyless control policy? Yes No
- 5.5 Are security personnel employees? Yes No

If NO, please answer the following questions:

- a) Is security a subcontracted operation? Yes No
- b) Are certificates of Insurance required / kept on file? Yes No N/A
- c) What limits are required? _____

5.6	Provide number of:	EMPLOYED Security Personnel		SUBCONTRACTED Security Personnel	
		Full Time	Part Time	Full Time	Part Time
a)	Armed Personnel	_____	_____	_____	_____
b)	Unarmed Personnel	_____	_____	_____	_____

- 5.7 What security services are provided? (Check all applicable):
 Alarm Monitoring Property Patrol Handling / Transporting Cash Receipts

- 5.8 Does security have arrest authority? Yes No

- 5.9 Does security use (check all applicable)
 Handcuffs Nightsticks Mace / Chemicals Large cell flashlights

- 5.10 Is there written policy and procedures manual? Yes No

- 5.11 Which of the following are included in the hiring process?
a) Written Examination
b) Background & Reference Checks

Fire / Life Safety Information:

- 5.12 Are all rooms and common areas protected with hard wired smoke detectors with battery back-up? Yes No
If YES, is the system tied into a 24-hour central station monitoring system? Yes No
- 5.13 Is there a fire annunciator panel? Yes No
- 5.14 Are fire exits and stairways lighted and marked? Yes No
- 5.15 Is emergency lighting available with back up generator emergency services? Yes No
- 5.16 Does each room have an evacuation plan posted in each room? Yes No
- 5.17 Do you maintain an emergency response and evaluation plan? Yes No

Subcontractor Controls:

- 5.18 Are Certificates of Insurance and copies of riders / endorsements which include naming the hotel / resort as primary and non-contributory additional insured obtained and kept in file for all contracted work? Yes No
- 5.19 Is there a subcontractor's control policy in place for selecting and managing subcontracted operations? Yes No
- 5.20 Are subcontractors required to carry commercial General Liability coverage at limits of liability to pay potential claims expected from work performed (minimum of \$1,000,000)? Yes No
- 5.21 Are subcontractors required to place their coverage with an insurance company that has an A.M. Best's rating of "A-" or better? Yes No
- 5.22 Are Hold Harmless clauses signed that hold the resort harmless from damages caused by subcontractors during operational activities and or completed work? Yes No

Hotel:

- 5.23 Total number of guest rooms: _____
- 5.24 Number of floors / stories: _____
- 5.25 Is hotel part of a franchise operation? Yes No If YES, who? _____
- 5.26 Average room rate: _____
- 5.27 Average occupancy: _____
- 5.28 Number of elevators: _____
- 5.29 Most recent year end income statement (or last rolling 12 months) will be required in order to qualify for the non-auditable feature of the program and / or composite rate. Attached: Yes To Follow

Food and Beverage Service:

- 5.30 Is the restaurant: Operated by the Insured or Operated Independently?
If operated independently, does resort obtain a Certificate of Insurance from the Restaurant? Yes No
- 5.31 Does catering or off-premises activities exceed 15% of receipts? Yes No
- 5.32 Is there a fire wall separating the kitchen from the remainder of the premises? Yes No
- 5.33 Is there other cooking or food prep equipment in the facility other than the restaurant? Yes No
- 5.34 Is there any cooking or food heating in the rooms? Yes No
- 5.35 Is there live entertainment and / or dancing on the premises? Yes No
- 5.36 Does the risk advertise the bar in the community? Yes No
- 5.37 Does the applicant charge a cover charge? Yes No
- 5.38 Any liquor liability claims within the last 5 years? Yes No
- 5.39 Has the liquor license been suspended in the last 5 years? Yes No – If YES, please explain:

- 5.40 Does the restaurant close at / or before midnight? Yes No
- 5.41 Are Bartenders, Waiters / Waitresses trained for identification and handling of intoxicated customers (TIPS)?
 Yes No
- 5.42 Are there written procedures for handling intoxicated customers? Yes No
- 5.43 Have all bartenders, waiters, waitresses or other servers attended any courses on Dram Shop Liability?
 Yes No
- 5.44 Is there a system for monitoring liquor, including secure storage? Yes No

Housekeeping:

- 5.45 Are bed bug protocols in place? Yes No
- 5.46 Are Roll-a-way beds in good condition? Yes No
- 5.47 Is Confidential guest information secured on rooming lists? Yes No
- 5.48 Are baby cribs available? Yes No
If "yes", do baby cribs meet Federal / State / Local safety requirements? Yes No
- 5.49 Are non-Guest able to purchase a Day Use Pass for the facilities at this Location? Yes No
- 5.50 Are All non-Guest required to sign a Waiver? Yes No

Abusive Acts – Human Trafficking Information & Controls: If a positive Grant of Coverage is requested, the SUITELIFE Application for Abusive Acts Liability Coverage must be completed.

- 5.51 Is there a written policy with procedures for screening and performing **Criminal AND Background** checks of all prospective employees? Yes No
- 5.52 Does the insured have a written policy detailing training, detection, reporting, and documentation for **Abusive Acts**? Yes No
- 5.53 If no written **Abusive Act** policy is in place, is one under development? Yes No
Estimated Date of implementation: _____
- 5.54 Does the Abusive Acts policy contemplate exposures in the following areas?
 - a) **Child Care** – babysitting, day care, day camp Yes No Not Applicable
If Yes, complete Section 10.0
 - a) **Spa Services** Yes No Not Applicable
If Yes, complete Section 8.0
- 5.55 A separate Abusive Acts Application may be required for consideration of a positive grant of coverage.
- 5.56 Does the insured have a written policy detailing training, detection, reporting, and documentation for **Human Trafficking**? Yes No
- 5.57 If no written **Human Trafficking** policy is in place, is one under development? Yes No
Estimated Date of implementation: _____
- 5.58 Does the **Human Trafficking** policy include sections on:
 - a) Sex trafficking? Yes No
 - b) Labor trafficking? Yes No
 - c) Drug trafficking Yes No
 - d) Indicators and Warning signs of human trafficking? Yes No
 - e) Reporting of suspected occurrence? Yes No
 - f) Internal procedures to identify and alert staff to a potential increase in trafficking due to a special event? Yes No
- 5.59 Does the Abusive Acts and Human Trafficking training programs include “department specific” indicators for:
 - a) Front Desk – Guest Services Yes No
 - b) Food and Beverage (Bartenders, Wait Staff, etc.) Yes No Not Applicable
 - c) Housekeeping Yes No
 - d) Security / Engineering Yes No
 - e) Spa, Fitness, Golf, Tennis, etc. Yes No Not Applicable
- 5.60 Abusive Acts and Human Trafficking training completed:
 - a) Upon hiring? Yes No
 - b) Annually? Yes No

6.0 Automobile

EV Supplemental:

- 6.1 Does the Insured Own or Lease Electric Vehicles? If yes, please provide a Schedule of Vehicles and identify those EV vehicles on the schedule.
- 6.2 Does the property contain an Electric Vehicle Park or provide Guests the ability to charge electric vehicles? Yes No **If yes:**
 - a) How many charging stations are present? _____ (Please provide picture)
 - b) When were the charging statins installed? _____
 - c) What Level are the charging stations: Level 1 Level 2
 - d) What is the distance from building(s) to the charging stations? _____ feet
 - e) What is the distance from the EV charging stations to other non EV parking spaces? _____ feet

- f) What is the distance between vehicles while charging? _____ feet
- g) Is signage posted regarding use of EV charging stations? Yes No
- h) Is a fire suppression system present? Yes No
- i) If yes, what is the flow volume? _____
- j) Is the location near the coast (saltwater exposure)? Yes No
- 6.3 Are the EV charging stations located outside in the open air or inside a building? Yes, Inside No, Outside
If inside:
 - a) Are NFPA 88A-2023 Standards for parking structures met? Yes No
 - b) Are NFPA 13-2023 Sprinkler Standards met? Yes No
 - c) If yes, is the parking garage located: below, above, or attached to a building?
- 6.4 Has local fire department inspected the charging stations and are aware of risk on site? Yes No
- 6.5 If charging stations are provided by a third party, is a written contract in place and valid COI obtained annually?
 Yes No
- 6.6 Does the valet parking / vehicle storage area contain EV charging stations? Yes No
- 6.7 How often are chargers inspected and by whom? Daily Weekly Monthly
- 6.8 Are records kept of the GFCI (ground fault circuit interrupter) inspections and testing? Yes No
a) What is the date of the last testing? _____
- 6.9 What procedures are in place if a fire (or anything bad) occurs? _____
a) Where / Who do the alarms sound to if something occurs? (Front desk only or off site monitoring)

- 6.10 Is there video surveillance and / or monitoring of the area? Yes No
a) If yes, how long are records kept? _____
- 6.11 Are fees charged for EV charging station usage? Yes No
a) If yes, what are the estimated annual fees? _____
- 6.12 Are there electric charging stations for E Bikes and / or E-Scooters? Yes No
a) What is the charging model? _____
- 6.13 Is an EVC Program Management Policy in Place? Yes No

Traditional Automobile:

- 6.14 Is there a livery / shuttle service in place? Yes No
If yes, are vehicles equipped with two-way communications? Yes No
- 6.15 Is valet service offered for guests? Yes No
- 6.16 Is Valet handled by: the insured or by a 3rd Party?
- 6.17 Is a "walk around" inspection completed prior to parking? Yes No
- 6.18 How are keys controlled? _____
- 6.19 Is there a charge fee for parking? Yes No
- 6.20 Is there formal selection criteria in place (including MVR checks) for all drivers including livery / shuttle and valet drivers? Yes No
- 6.21 How often are MVR's checked? _____
- 6.22 What actions are taken for poor record is discovered?

- 6.23 What is the minimum age of any driver? _____
- 6.24 What is the maximum age of any driver? _____
- 6.25 Is there a vehicle maintenance program in place? Yes No
- 6.26 Do any employees use their own autos while conducting business on behalf of the employer? Yes No
If YES, are the employees required to have their own insurance? Yes No
If YES, are minimum limits of liability required with evidence of coverage required? Yes No

- 6.27 Provide an updated and current Schedule of Vehicles
- 6.28 Provide an updated and current Drivers List (Date of Birth; Drivers License Number; State of Issuance)

7.0 Fitness Center

If NO EXPOSURE, please check here: otherwise, please complete the following:

- 7.1 Facility open to: Owners Only Owners & Guests General Public By Membership
- 7.2 Are releases / waivers signed by guests? Yes No
- 7.3 Is personnel Employed by facility Independent contractors
If independent contractors, are they required to provide proof of insurance? Yes No
- 7.4 What instruction services are available?
 - a) Personal Trainers: Yes No
 - b) Aerobic Classes: Yes No
 - c) Nutrition Classes: Yes No
 - d) Spinning Classes: Yes No
 - e) Other: _____
- 7.5 Are there certified trainers on staff? Yes No
- 7.6 Hours of Operations: _____ Open _____ Closed
- 7.7 Are staff members required to know CPR / AED? Yes No
- 7.8 Is there a: Pool Hot Tub Sauna Other _____
- 7.9 Is there an employee on duty during use? Yes No
- 7.10 Is instruction posted concerning proper use of equipment? Yes No
- 7.11 Are safety / warning signs clearly posted? Yes No
- 7.12 Type of equipment: Treadmills Stepper Free Weights Weight Machine Bicycles
 Elliptical Trainer Other: _____
- 7.13 Are there certified trainers on staff? Yes No
- 7.14 How often are machines inspected by a certified professional, manufacturer representative, or applicant?

- 7.15 Is first aid kit available on-site? Yes No
- 7.16 Is there a working phone in the Fitness area? Yes No
- 7.17 Is there a water cooler available in the Fitness / Spa area? Yes No

8.0 Aquatic Pools

If NO EXPOSURE, please check here: , otherwise, please complete the following:

- 8.1 Number of pools on premises: _____
- 8.2 Are all pools Virginia Graeme Baker Compliant? Yes No
- 8.3 Is the pool fenced? Yes No
If YES, does the fence have a self-latching gate? Yes No
- 8.4 Are there any diving boards? Yes No If YES,
 - a) Number of diving boards _____
 - b) Height of Diving Board(s) in meters _____
 - c) Depth of Pool at entry from Diving Board(s) _____
- 8.5 Are lifeguards on duty? Yes No
If YES, are incident reports maintained and logged? Yes No
If NO, is a sign posted? Yes No
- 8.6 Are all lifeguards certified in CPR / AED use? Yes No Not Applicable
- 8.7 Does pool have visible depth markers? Yes No

- 8.8 Is the pool locked to deny normal access during off peak hours Yes No
- 8.9 Is there a pool sliding board? Yes No
If YES, Height / type of slide _____
- Are there enclosed stairs? Yes No
- 8.10 Are pool regulations prominently displayed? Yes No
- 8.11 Does the pool area have lighting both in and around the pool? Yes No
- 8.12 Do indoor pools have surveillance cameras or regular security checks? Yes No
- 8.13 Does signage indicate if cameras are monitors or not? Yes No
- 8.14 Is there an ongoing inspection and maintenance program for pool areas? Yes No
- 8.15 IS there a water quality program in place in accordance with ANSI / INSPI-1 1991 standard? Yes No
- 8.16 Is there a snack bar at the pool? Yes No
- 8.17 Is alcohol served? Yes No
- 8.18 Is there a spa or hot tub? Yes No
If YES, is it properly signed and monitored? Yes No
Is there an age restriction? Yes No
Is it controlled by a timer for shut-off at night? Yes No
- 8.19 Do you maintain a "lazy river" or similar water feature? Yes No
Do you supply floatation devices? Yes No
- 8.20 Is it patrolled regularly by lifeguards? Yes No

9.0 Spa

If NO EXPOSURE, please check here: , otherwise, please complete the following:

- 9.1 Indicate the type of spa services provided

<input type="checkbox"/> Body Wrap <input type="checkbox"/> Hair Stylist (including perms & coloring) <input type="checkbox"/> Massage <input type="checkbox"/> Tanning <input type="checkbox"/> Laser Hair Removal <input type="checkbox"/> Acupuncture <input type="checkbox"/> Tattooing <input type="checkbox"/> Massage Cupping <input type="checkbox"/> Other: _____	<input type="checkbox"/> Facials <input type="checkbox"/> Manicure / Pedicure <input type="checkbox"/> Sauna (Dry or Steam) <input type="checkbox"/> Whirlpool <input type="checkbox"/> Waxing <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Botox or injections of any kind
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- 9.2 What are the annual receipts for spa treatments? _____
- 9.3 Are spa services operated and run by 3rd Party? Yes (Provide a COI) No
- 9.4 Does the spa sell any private label products? Yes No
If YES, what are the total receipts for spa products? _____
- 9.5 Do you conduct pre-employment background investigation for all spa staff (contracted or employed)? Yes No
- 9.6 Are written protocols for treatment in place? Yes No
- 9.7 Are safety inspections performed? Yes No If so, how often: _____
- 9.8 Do you obtain signed consent or release forms from all customers? Yes No
- 9.9 Minimum age requirements for treatment with no parental consent or supervision: _____
- 9.10 Are all staff members of the spa employees? Yes No
If NO, are all staff members required to carry general liability insurance? Yes No
- 9.11 Do all staff members carry professional insurance? Yes No
- 9.12 Are all staff members required to be licensed? Yes No
- 9.13 Do your guests use pools / spas / whirlpools owned by other entities? Yes No

The following Sections only need to be completed if the exposure is present:

- 10.0 Golf** If no exposure, please click here
- 11.0 Day Care and Day Camp** If no exposure, please click here
- 12.0 Aquatic Lakes & Beaches** If no exposure, please click here
- 13.0 Watercraft / Marina / Dock** If no exposure, please click here
- 14.0 Water Sports and Activities** If no exposure, please click here
- 15.0 Equestrian** If no exposure, please click here
- 16.0 Shooting Ranges and Activities** If no exposure, please click here
- Shooting Activities: other than range Archery**
- Rifle / Pistol Range**
- Sporting Clay, Trap & Skeet Shooting**

10.0 Golf

If NO EXPOSURE, please check here: , otherwise, please complete the following:

- 10.1 Number of members: _____
- 10.2 Number of holes: _____
- 10.3 Number of Employees: _____

NOTE: Question 10.4 does not need to be completed if an Income Statement or Audited Financials are included in submission.

- 10.4 Estimated gross annual receipts for the following:
 - a) Membership Dues / Initiation Fees \$ _____
 - b) All Other Fees (Greens, Golf Carts, Locker Rooms, Tournaments, etc.) \$ _____
 - c) Pro Shop Merchandise Revenue (if owned) \$ _____
 - d) If HOA, # of members / homes: _____
- 10.5 Number of Rounds Played Per Year: _____
- 10.6 Is the Pro Shop: Owned by the Resort or Operated Independently
 If operated independently, does the resort obtain a Certificate of Insurance from the Pro? Yes No
- Golf Carts and Golf Course:**
- 10.7 Total number of riding golf carts: _____
 Golf carts are: _____ Gas _____ Electric
- 10.8 Who maintains and services golf carts? Insured or 3rd Party
- 10.9 Where are the golf carts stored? Separate Cart Storage Building Under Clubhouse
- 10.10 If carts are stored in a section of the Clubhouse, is the storage area fully sprinklered? Yes No
- 10.11 If Electric Cars, does the Cart Barn Building have proper ventilation? Yes No
- 10.12 Is the building equipped with Central Station Smoke / Heat Detection? Yes No
- 10.13 Is the building equipped with Central Station Burglar Detection? Yes No
- 10.14 Does the Insured require a signed Golf Cart Rental Agreement for all renter of a cart? Yes No
- 10.15 Does the Club have a lightening warning and notification system in place? Yes No
 If YES, please describe: _____

Herbicide / Pesticide Operations:

- 10.16 Are the Herbicides / Pesticides applied by licensed and trained individuals? Yes No
- 10.17 Where are the Herbicides / Pesticides stored? _____
- 10.18 Is there a leak / spill containment plan? Yes No

- 10.19 Are there any bodies of water within 100 feet of the storage area? Yes No
If YES, what is it (pond, lake, stream, etc.) and what is the distance? _____
- 10.20 Are all employees who apply pesticides and other herbicides licensed by the state? Yes No
- 10.21 Is the course sprayed when not in use? Yes No
- 10.22 Are signs posted when spraying has been done? Yes No
- Equipment Storage:**
- 10.23 In what building is the Grounds Equipment stored?

- 10.24 Is the building sprinklered? Yes No
- 10.25 Is the building equipped with Central Station Smoke / Heat Detection? Yes No
- 10.26 Is the building equipped with Central Burglar Detection? Yes No
- 10.27 Does the club have a regular maintenance program in place? Yes No
- 10.28 Does the club routinely replace older equipment? Yes No

11.0 Day Care and Day Camp

If NO EXPOSURE, please check here: , otherwise, please complete the following:

- 11.1 Which of the following services are provided or arranged for the risk on its properties?
 Babysitting Day Camp Day Care Other (describe)?
- 11.2 Indicate where the activities are conducted:
 Guest Room Dedicated Daycare / Day Camp Area Off-site (describe):

- 11.3 Are these services: Provided by employees Provided by a third party
 Offered by individuals who are not employees, but are contracted to provide these services
- 11.4 If services are provided by a Third Party, do they provide: Evidence of insurance (\$1,000,000 minimum occurrence limit) or Hold harmless and additional insured agreements in favor of the risk
- 11.5 Are these services provide: for guests for employees for members or other (please describe):

- 11.6 Is this a licensed day care center? Yes No
- 11.7 What are the professional qualifications and requirements of the director and staff?
- 11.8 Are criminal background checks obtained on all counselors? Yes No
- 11.9 Are child abuse background checks obtained on all counselors? Yes No
- 11.10 Are employees trained in basic first aid and CPR? Yes No
- 11.11 Is more than one adult always in attendance? Yes No
- 11.12 Are any of the following provided for the children:
 Meals Swimming Playground Arts & Crafts Field Trips
- 11.13 Is health information secured prior to accepting a child? Yes No
- 11.14 Is there a written policy for dealing with sick or injured children? Yes No
- 11.15 Is there a means to contact the parties in an emergency situation? Yes No
- 11.16 What is the counselor to children ratio? _____ (example: 1 counselor per 6 children)
Number of children in the following age groups _____ 0 to 5; _____ 6 to 10; _____ 11 to 14
- 11.17 How long do the day camps run? _____ (example last 3 weeks in July)
- 11.18 Daily Hours? _____ (example 9 am to 2 pm Monday through Friday)
- 11.19 Does the risk provide any transportation? Yes No If YES, please describe:

12.0 Aquatic Lake & Beaches

If NO EXPOSURE, please check here: , otherwise, please complete the following:

TYPE: Lake Beach

- 12.1 Does the facility own / control the beach / lake area? Yes No
- 12.2 Are lifeguards present? Yes No
If yes, are incident reports maintained and logged? Yes No
If no, is warning signage prominent? Yes No
- 12.3 Is access controlled for owners and guests only? Yes No
- 12.4 Are there designated swimming areas? Yes No
- 12.5 Are beach areas on nightly maintenance program? Yes No
- 12.6 Is swimming at night allowed? Yes No
- 12.7 Is lighting and safety signage provided for beach and swimming area? Yes No
- 12.8 Does the beach frontage exceed 100 feet? Yes No

13.0 Watercraft / Marina / Dock

If NO EXPOSURE, please check here: , otherwise, please complete the following:

Name of Facility: _____

Location of Facility: _____

- 13.1 Receipts generated: _____
- 13.2 Is this operation contracted out? Yes No
If YES, attach certificate of insurance for the concessionaire
- 13.3 Is the facility named as Additional Insured? Yes No
- 13.4 Are releases required for: Rentals Boat Storage (Please attach copies of release)
- 13.5 Does insured carry separate marina insurance? Yes No
- 13.6 Does the operation rent boats and equipment? Yes No
- 13.7 Number and type of boats rented (size, HP): _____
- 13.8 Does operation store boats for other owners: Incl. in season, wet storage, moorings, docks and slips and out of season storage, dry (stack or trailers): Yes No
- 13.9 Does the facility operate a launch service to pick up / drop off guests? Yes No
If yes, are all operators over the age of 18 and licensed by US Coast Guard? Yes No
- 13.10 Number of rental slips available: _____
- 13.11 Total annual receipts for slip rentals: _____
- 13.12 Does operation provide mechanic for repair and maintenance work on boats of others? Yes No
- 13.13 Does operation provide and sell fuel (gasoline & oil)? Yes No
- 13.14 Is fire suppression equipment located at the dock? Yes No
- 13.15 Are safety and floatation devices provided with each rental: Yes No
- 13.16 Is life vest use mandatory? Yes No
- 13.17 Are maintenance records kept for each boat? Yes No
- 13.18 Are employee training records kept? Yes No
- 13.19 Are the facilities inspected by federal or state authorities (i.e.: Coast Guard, State Fire Marshall, State Boating Authorities): Yes No Please list Authority: _____
- 13.20 Do you provide excursion boats operated by employees? Yes No

14.0 Water Sports and Activities

If NO EXPOSURE, please check here: , otherwise, please complete the following:

Name of Facility: _____

Location of Facility: _____

14.1 Hours of operation: _____ Open _____ Closed

Is this operation contracted out? Yes No

If YES, attach certificate of insurance for the concessionaire, \$1,000,000 minimum, including workers' compensation

14.2 Is the facility named as Additional Insured? Yes No

14.3 What are the annual receipts for water activities? _____

14.4 Do the waterfront operation sell any private label products? Yes No

If YES, what are the total receipts for those products? _____

Please describe the products:

14.5 Indicate the types of activities:

a) Kayaking / Canoeing

b) Pedal / Craft

c) SUP / Paddle Boards

d) Sailboats

e) Wind / Kite Surfing

f) Surfing

g) Snorkeling

h) Trampolines

i) Water Ski / Wake / Knee Board

j) SCUBA / Dive

k) Jet Skis

l) Parasailing

m) Towables

n) Other: _____

14.6 Please attach a list of services available

14.7 Are instruction services available? Yes No

If YES, please describe:

14.8 Are special classes offered? Yes No

If YES, please describe:

14.9 Are there certified instructors on staff? Yes No

14.10 Are all staff Basic First Aid and CPR / AED certified? Yes No

14.11 Are guests allowed to use the equipment without supervision? Yes No

14.12 Are minors allowed to use the equipment without supervision? Yes No

If YES, are waivers signed by parents / guardians? Yes No

What is the minimum age? _____

14.13 Are introductory classes given to all for proper use of equipment prior to being allowed access? Yes No

14.14 How often is equipment inspected by a certified professional, manufacturer's representative, or the applicant?

14.15 Are there safety warning signs posted in the area? Yes No

14.16 Are facility safety inspections performed? Yes No If so, how often: _____

14.17 Do all staff maintain waterproof, two-way radios? Yes No

15.0 Equestrian

If NO EXPOSURE, please check here: , otherwise, please complete the following:

Name of Facility: _____

Location of Facility: _____

- 15.1 Is equestrian operation: Managed in-house or subcontracted
If subcontracted, provide name of subcontractor: _____
- 15.2 # of concessionaire horses: _____
- 15.3 Are certificates of insurance required? Yes No
- 15.4 What liability insurance limit is required? _____
- 15.5 Are the horses owned? Yes No If YES, how many: _____
- 15.6 Is there boarding of horses? Yes No If YES, how many: _____
- 15.7 Annual boarding revenue: _____
- 15.8 Annual employee payroll for boarding operation: _____
- 15.9 Does stable provide:
 - a) Grooming? Yes No
 - b) Farrier? Yes No
 - c) Feed? Yes No
 - d) Vet Services? Yes No
- 15.10 Are riding instructions offered? Yes No
- 15.11 Annual revenue from riding instructions: _____
- 15.12 Total square feet of riding rings: _____
- 15.13 Are there sponsored equestrian events? Yes No
If Yes, please attach schedule of annual events
- 15.14 Are there training facilities on site (i.e., walkers, racetrack, etc.)? Yes No
- 15.15 Is tack or equipment sold? Yes No
- 15.16 Retail receipts: \$ _____
- 15.17 Does stable provide trail rides? Yes No If YES, are they guided? Yes No
- 15.18 Are there any unguided trail rides? Yes No
- 15.19 Do trail rides require 6 riders to 1 guide ratio if the gait is a trot or slower? Yes No
- 15.20 Do trail rides require 4 riders to 1 guide ratio if the gait exceeds a trot? Yes No
- 15.21 Are participants required to be over the age of 6? Yes No
- 15.22 Are guests required to sign a waiver and release of liability form? Yes No
- 15.23 Are children required to wear a helmet when riding? Yes No
- 15.24 Is an orientation given prior to ride? Yes No
- 15.25 Is protective headgear provided to all? Yes No
- 15.26 Are wranglers positioned in front and rear of trail ride? Yes No
- 15.27 Are instructors required to have at least 2 years of guiding experience? Yes No
- 15.28 Is there an inspection and maintenance program for all riding equipment? Yes No
- 15.29 Are trail guides required to take 2-way radios or cell phones on each ride? Yes No
- 15.30 Is there an emergency response plan in place for on trail incidents? Yes No
- 15.31 Annual revenue from trail rides: _____

16.0 Shooting Ranges and Activities

If NO EXPOSURE, please check here: , otherwise, please complete the following:

Name of Facility: _____

Location of Facility: _____

- 16.1 Receipts generated: \$ _____

- 16.2 Is this operation contracted out? Yes No
- 16.3 Is other insurance available? Yes* No (*if Yes, please attach Certificate of Insurance)
- 16.4 Is area named as Additional Insured? Yes No
- 16.5 Are releases signed by all participants? Yes* No (*if Yes, please attach copy of release)
- 16.6 Please attach 5 years loss information, if any
- 16.7 What experience does person in charge of operation have?

- 16.8 Operations / Procedures Manuals: Yes No
- 16.9 Employee Training Program (including experience and age requirements):

16.10 Type of Shooting

- a) Archery
- b) Pistol & Rifle
- c) Skeet
- d) Other

16.11 The range is: Indoor Outdoor

16.12 Is the range designed to industry recommendations (e.g., NRA, etc.)? Yes No

16.13 How is the area behind targets secured to block entrance into firing line?

16.14 What controls are in place to prevent participant from entering line of fire?

16.15 Are all activities supervised by a Range Officer / Captain? Yes No

If YES, provide years of experience: _____

16.16 Is hearing and eye protection required by everyone on the shooting range? Yes No

16.17 How are ranges separated from other activities conducted on premises to ensure safety to others?

16.18 Shooting competitions are for: members only clubs only open to the public

16.19 Number of competitions per year: _____

16.20 Is there an age restriction for entering the range? Yes No

16.21 What is used for a backstop behind the targets? _____

16.22 Does any shooting take place over water? Yes No

16.23 Is there a lead control and management program? Yes No

16.24 What type of shot is allowed (lead, copper-plated, steel, etc.)? _____

16.25 Who provides the shooting equipment? _____

16.26 For loaned equipment, is it inspected prior to each use? Yes No

16.27 How many participants shoot at one time? _____

16.28 Is the area closed when not supervised? Yes No
If YES, how? _____

16.29 Are range rules reviewed with each new shooter? Yes No

Shooting Activities: other than range

If NO EXPOSURE, please check here: , otherwise, please complete the following:

16.30 Does the applicant provide equipment / firearms / weapons for these activities? Yes No

a) If YES, please provide details: _____

b) How often is equipment / firearms checked? Before each use Daily Weekly or
 Other (explain): _____

c) Describe in detail extent of activities:

16.31 Is there a maintenance program for equipment / firearms? Yes No

If YES, please provide a copy

How is equipment stored / secured when not in use?

How is ammunition stored / when not in use?

Archery

If NO EXPOSURE, please check here: , otherwise, please complete the following:

16.32 Is the range: Indoors Outdoors Archery Course

16.33 What is the backstop material? Foam Cardboard Hay / Straw or Other (Please describe):

Rifle / Pistol Range

If NO EXPOSURE, please check here: , otherwise, please complete the following:

16.34 Are warning signs, such as red & green flags, displayed at the entrance of the range, to notify others range is in use?
 Yes No

16.35 Are fully automatic firearms allowed? Yes No

16.36 What is the largest caliber allowed at the range? _____

16.37 Are inexperienced shooters accompanied to the firing position by an experienced shooter? Yes No

16.38 What is the backstop / berm material? Metal Earth Other

Sporting Clay, Trap & Skeet Shooting

If NO EXPOSURE, please check here: , otherwise, please complete the following:

16.39 Was the course designed by the applicant or other (person / company)

16.40 How many shooting stations does the course have? _____

FRAUD WARNINGS

GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

The fraud warnings listed below are applicable in the following states: AL, AZ, AR, CA, CO, DC, FL, ID, KY, LA, ME, MD, NJ, NM, NY, OH, OK, OR, PA, TN, VT, VA, WA or WV. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your claim.

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I understand the information in this supplemental application becomes a part of the Application and is subject to the same representations and conditions. I hereby represent that the information set out in this application is true and correct, and that if any of the information changes between the time of signature and the time of binding, I will promptly advise SUITELIFE Underwriting Managers of the change. I have read and understand the fraud warnings set out above.

Name (Printed)

Title

Producer's Signature

Date
