



**SUPPLEMENTAL APPLICATION**  
**Hotels & Resorts Insurance Program**  
**American Specialty Insurance & Risk Services, Inc.**

**Instructions:** 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.

Hotel Group Name \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Total # of Rooms: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_ Year Built: \_\_\_\_\_  
 If over 25 years old when were updates completed and extent of updating completed: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Total TIV: \_\_\_\_\_  
 Occupancy Rate: \_\_\_\_\_ Average Room Rate: \_\_\_\_\_  
 Seasonal Dates (if any): \_\_\_\_\_ Website Address: \_\_\_\_\_

**AMENITIES**

AMENITIES ON PROPERTY	HOW MANY?	PROVIDED BY		OUTSIDE VENDOR IF APPLICABLE
Restaurant(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> Outside Vendor	
Valet Parking		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> Outside Vendor	
Gift Shop(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> Outside Vendor	
Golf Carts for Guest Use		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> Outside Vendor	
Indoor Pool(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> Outside Vendor	
Outdoor Pool(s)		<input type="checkbox"/> Your Hotel	<input type="checkbox"/> Outside Vendor	

**POOLS OR SWIMMING AREAS – COMPLETE IF APPLICABLE:**

Are pools or swimming areas fenced with self-closing / latch gates?  Yes  No  
 If Yes, is a key required to enter pool area?  Yes  No  
 Does any pool have a DIVIING BOARD?  Yes  No  
 If Yes, describe the height and controls in place? \_\_\_\_\_  
 Does any pool have a SLIDE?  Yes  No  
 If Yes, describe the lengths and controls in place? \_\_\_\_\_  
 Are all pools Virginia Graeme Baker Compliant  Yes  No

AMENITY	PROVIDED?		PROVIDED BY		OUTSIDE VENDOR IF APPLICABLE
	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Café area with micro-wave for guests	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Fitness Equipment Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Health Club	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Laundry Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Weight Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Sauna	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Spa	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Barber or Beauty Shop	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Arcade or Amusement Room	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Group Daycare	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
In-Room Daycare	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Gaming, Casino, or Gambling Activities or Devices	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Indoor Water Park	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Trained Security Personnel	<input type="checkbox"/> Provided <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Sale of Beer/Wine from Front Desk?	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Golf Course	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Tennis Courts	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Outdoor Water Park	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
RV Utility Hook-ups	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Jet Ski or Wave Runner Boating	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Boating – Canoes, Kayaks, Rowboats	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Boating -Powerboats	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Boating – Other Describe _____	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Snow Skiing	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Water Skiing	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Snowmobiling	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
ATV Trail riding	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Horseback Riding	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	
Playground	<input type="checkbox"/> Provided	<input type="checkbox"/> Not Provided	<input type="checkbox"/> Your Hotel	<input type="checkbox"/> An outside vendor	

**MANAGEMENT:**

1. For this location, which description below best describes the management of this property?  
 Owner Operator  
 Hotel Management Company operating as a Franchise  
 Hotel Corporation Owned and Operated Location  
 Hotel Corporation Owned Location – Operation has been sub-contracted to others  
 Other \_\_\_\_\_
- 
2. Is there a “manager on duty” at all times?  Yes  No  
If yes, are there individuals trained in emergency response procedures  Yes  No
3. Are there incident reports available for the manager on duty?  Yes  No
4. Does the hotel require all outside vendors, amenity sub-contractor, construction and service sub-contractors to carry Commercial General Liability Insurance and provide the hotel with a Certificate of Insurance?  Yes  No  
If yes, what are the limits required? \_\_\_\_\_  
If yes, is Additional Insured wording required benefiting the insured?  Yes  No  
Describe any exceptions: \_\_\_\_\_
- 
5. If there is contracted security, please provide details on risk transfer and the sub-contractors insurance limits.  Yes  No  
With regards to risk transfer, do you have a contractual language in place with the security contractor, which includes hold harmless language favoring your business, and with minimum GL limits of \$1,000,000/\$1,000,000.  Yes  No  
If there is in-house security, advise the following:  
- Please confirm pre-hire background employment, credit and criminal record checks on all employee security guards.  Yes  No  
- Please confirm subsequent periodic criminal record checks on all employee security.  Yes  No  
- Please provide confirmation of formal training and supervision of in-house security.  Yes  No  
Are guests required to sign a waiver of liability form, favoring the insured, prior to usage of recreational facilities/equipment?  Yes  No

**PREMISES / OPERATIONS**

6. Is there a formal indoor and outdoor slip/fall management program in place?  Yes  No
7. Is there an on-site maintenance staff?  Yes  No  
If no, how is maintenance handled? \_\_\_\_\_  
Is your hotel staff trained on how to identify, report, respond, remediate and review bed bug complaints?  Yes  No  
Do you utilize a local licensed, insured and reputable pest control company to respond to bed bug incidents, including inspecting the adjacent rooms, as well as those above and below potentially infected unit(s)?  Yes  No
8. Are criminal and child abuse background checks completed for all childcare employees and other service professionals in “hands-on” positions such as massage therapists and fitness trainers?  Yes  No
9. Are childcare services provided?  Yes  No

## SECURITY / SAFETY

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

10. Is room door locking done by "keyless entry system"?  Yes  No
11. If keys are used, are keys coded with numbering other than the room number?  Yes  No  
If yes, describe system:  
\_\_\_\_\_  
\_\_\_\_\_
12. If keys are **NOT** returned, are locks changed immediately?  Yes  No
13. Do rooms have:
- a. Self closing/self locking devices?  Yes  No
  - b. Secondary locking devices?  Yes  No
  - c. Peepholes?  Yes  No
  - d. Posting of Limitation of Liability in each room?  Yes  No
14. Do all windows have a restricted opening device?
15. Do rooms have balconies/patios?  Yes  No  
If yes, are all guardrail openings less than 4 inches?  Yes  No  
When (month/year) were the guard railings last checked for rust or corrosion \_\_\_\_\_  
If yes, do all first floor patio doors have an anti-theft device?  Yes  No
16. Is access to property and/or hallways restricted after hours?  Yes  No  
If yes, describe controls \_\_\_\_\_
17. Do you use surveillance cameras?  Yes  No  
If yes, are they monitored and video taped?  Yes  No  
If yes, what areas are monitored?
18. If they are monitored, record below how and when they are monitored?  
Special Events Only / On-Site by contracted security personnel \_\_\_\_\_  
24/7 On-Site by contracted security personnel \_\_\_\_\_  
Off-site by contracted security personnel \_\_\_\_\_  
Special Events Only On-site by employee security personnel \_\_\_\_\_  
24/7 On-site by employee security personnel \_\_\_\_\_  
Monitored by the front desk employee(s) \_\_\_\_\_  
Other security measures and monitoring information: \_\_\_\_\_
19. If there is a restaurant or commercial kitchen, is it located IN or ATTACHED TO the Hotel?  
\_\_\_\_\_ Located in the Hotel \_\_\_\_\_ Attached to the Hotel

LIQUOR LIABILITY (if applicable)  N/A

- Yes  No Has applicant had any reported liquor liability claims or notification of potential liquor liability claims in the last five years?  
If yes, explain \_\_\_\_\_
- Yes  No Has applicant liquor liability coverage ever been cancelled or nonrenewed?  
If yes, explain \_\_\_\_\_
- Yes  No Has the applicant had any fines, citations, or license suspensions or revocations for violations of liquor sales laws or ordinances?  
If yes, explain \_\_\_\_\_
- Yes  No In addition to use of a certified alcohol training course, does applicant have a written policy for serving alcohol?  
If yes, explain \_\_\_\_\_
- Yes  No Does management review this written policy with servers on a regular basis?  
If yes, explain \_\_\_\_\_
- Yes  No Is there a stand-alone bar/cocktail lounge unconnected to a restaurant?  
If yes, explain \_\_\_\_\_
- Yes  No Does applicant have any alcohol consumption promotions/ happy hours? If yes, describe the promotions and how consumption quantities are controlled.  
If yes, explain \_\_\_\_\_
- Yes  No Does applicant use any on-site security or bouncers?  
If yes, explain \_\_\_\_\_
- Yes  No Is food available for guests at all times when liquor is available?
- Yes  No Are there written procedures for handling intoxicated customers?
20. Date this location was last inspected to confirm compliance? \_\_\_\_\_
21. Is this location compliant with NFPA 101 Life safety codes?  Yes  No
22. Is this property monitored 24/7 by a central station firm alarm monitor?  Yes  No
23. Is the building sprinklered?  Yes  No  
If yes, percentage of building: \_\_\_\_\_ %  
If less than 100% what areas are not sprinklered? \_\_\_\_\_
24. Is emergency lighting in place in hallways and common areas?  Yes  No
25. Is there a back-up generator for elevators?  Yes  No
26. Are elevators programmed to return to and remain at lobby level as soon as a fire alarm sounds?  Yes  No
27. Fire Safety Messages – where are they safety signs posted and what information is included?  
\_\_\_\_\_
28. Are there enclosed stairwells or fire towers to provide smoke free Egress to ground floor or roof?  Yes  No
29. Are all rooms equipped with smoke detectors?  Yes  No  
If yes, hard wired or battery? \_\_\_\_\_

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

**AUTO**

30. Are owners, managers or supervisors allowed to use their personal autos in any course of the hotel's business?  Yes  No  
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: \_\_\_\_\_ miles
31. Is there a formal rule in place prohibiting cell phone usage without the appropriate hands free device by employees operating vehicles on the insured's behalf?  Yes  No  
If yes, are employees required to provide acknowledgement of this rule as a condition of operating vehicles on the insured's behalf?  Yes  No
32. Is there livery service provided?\*  Yes  No  
*\*If yes, please complete the Livery Supplemental Questionnaire.*
33. Do all regular drivers who utilize their own vehicles for company business have personal auto coverage with at last \$100,000 CSL?  Yes  No

**MISCELLANEOUS**

34. Is there a formal Workers Compensation Safety program in effect?  Yes  No
35. Is there a formal Return To Work program in place for employees?  Yes  No  
If yes, please detail \_\_\_\_\_
36. Any facilities leased to others at this location?  Yes  No  
If yes, please detail \_\_\_\_\_
37. If liquor is provided to guests, are all employees who serve liquor required to complete appropriate Alcohol Awareness training (e.g. T.I.P.S.)  Yes  No
38. Is there a dancing area/dance floor?  Yes  No  
Are guests permitted to bring drinks onto the dance area/dance floor?  Yes  No
39. Is there live entertainment or dancing/dance floor on the premises?  Yes  No

CHECK IF NOT APPLICABLE

## LIVERY SUPPLEMENTAL QUESTIONNAIRE

Instructions: A separate supplemental application is required for each hotel location with Livery Services.  
Additionally, please provide photos of any livery vehicles with 15 passenger capacity.

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

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

1. How many livery vehicles are at this location \_\_\_\_\_

2. What is the passenger capacity of each vehicle (enter total # of units for each type)?

Under 10 \_\_\_\_\_ 10-14 \_\_\_\_\_ 15 \_\_\_\_\_ Over 15 \_\_\_\_\_

Vehicles 15 passengers or higher require a photo of the rear tires of the vehicle.

3. What is the average travel radius for livery vehicles? \_\_\_\_\_ miles

4. Where do livery vehicles transport guests to (check all that apply)?

Airport  Other (please describe): \_\_\_\_\_

5. Are passenger van tires checked at least once a week, using the manufacturer's recommended pressure levels?  Yes  No

6. Are employees under the age of 25 permitted to operate passenger vans?  Yes  No

7. Are employees operating livery vehicles on your behalf required to have a valid Commercial Driver's License (CDL)?  Yes  No

***If livery vehicles have a passenger capacity of 15 or greater, please answer the following questions***

8. Are drivers required to insist all occupants wear safety belts at all times?  Yes  No

9. If 15 passenger van, are loads ever placed on the roof of the vehicle?  Yes  No

10. Are all rows equipped with airbags?  Yes  No

If not, are passengers allowed to sit in rows/seats that do not have airbags?  Yes  No

CHECK IF NOT APPLICABLE

**LIMITED FUNGI/BACTERIA COVERAGE SUPPLEMENTAL APPLICATION**

Instructions: 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 same.

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

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

1. Requested fungi/bacteria sublimit:  \$250,000     \$500,000     \$1,000,000
2. Does applicant have documented ongoing maintenance and staff training procedures in place, including routine inspecting and cleaning of all water storage areas and a formal, documented water abatement program?  Yes     No
3. Do all hot water storage cylinders (clarifiers) store water at 140 degrees Fahrenheit or higher?  Yes     No
4. Is cold water stored and distributed below 68 degrees Fahrenheit?  Yes     No
5. What temperature is hot water is distributed at? \_\_\_\_\_
6. Does hotel have thermostatic mixer valves fitted as close as possible to outlets, where a scald risk is identified?  Yes     No
7. Are hot water storage cylinder temperatures checked at least every month?  Yes     No
8. Are cold water tank temperatures checked at least every six month?  Yes     No
9. Does applicant flush out infrequently used outlets (including showerheads and taps) at least weekly?  Yes     No
10. Does applicant clean and de-scale showerheads and hoses at least quarterly?  Yes     No
11. Are all cold-water storage tanks cleaned periodically and is water drained from hot water cylinders to check for debris or signs of corrosion?  Yes     No
12. Has any mold growth been observed or identified inside building(s) in the past 5 years?  Yes     No
13. Have there been any water-intrusion incidents in the past 5 years?  Yes     No
14. Have there ever been any fungi or bacteria related claims at this location?  Yes     No



CHECK IF NOT APPLICABLE  
**CHILDCARE SUPPLEMENTAL APPLICATION**  
 For Licensed Day Care Operations

**GENERAL**

1. Is the day care operation licensed by a state governing authority?  Yes  No
2. Do you carry accident and health coverage for injuries to children?  Yes  No  
 If Yes, provide carrier and policy number: \_\_\_\_\_
3. Do you carry workers compensation coverage?  Yes  No  
 If Yes, provide carrier and policy number: \_\_\_\_\_
4. Has the center's license ever been suspended, revoked, placed on probation, made conditional or restricted?  Yes  No
5. Do you do any residence based facilities or in home day care?  Yes  No
6. Are any of Child Care Center Facilities affiliated with and/or run by any religious organization  Yes  No
7. How long has your operation been in existence? \_\_\_\_\_
8. How many years experience does the owner-operator have, at a management level, in the Child Care industry? \_\_\_\_\_
9. What are your typical hours and days of operation? \_\_\_\_\_  
 Any earlier than 5:00 am or later than 9:00 PM, or weekend hours?  Yes  No
  - a. Is childcare for children of members, guests, and customers only?  Yes  No
  - b. Does employee/child ratio meet state licensing requirements?  Yes  No
  - c. Any prior claims or incidents relating to abuse or molestation?  Yes  No
  - d. Is there any overnight childcare or activities?  Yes  No

**PROPERTY**

10. Date of building construction \_\_\_\_\_  
 Date of complete updates: \_\_\_\_\_  
 Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_  
 Roof \_\_\_\_\_ Heating \_\_\_\_\_
11. Have all structures been certified as being free of lead paint?  Yes  No

**GENERAL LIABILITY**

12. Has the center ever had an allegation of abuse or molestation?  Yes  No
13. Has the center ever had an allegation of any type of discrimination?  Yes  No
14. Which of the following do you perform?
 

<input type="checkbox"/> Pre-hire criminal background checks	<input type="checkbox"/> Pre-hire medical exams & drug testing
<input type="checkbox"/> Prior employer checks	<input type="checkbox"/> Written acknowledgment of employment policies
15. Does your application for employment specifically ask for information on prior arrests for or convictions of a crime?  Yes  No
16. Has anyone in your employ been arrested for a crime (other than a minor traffic violation)?  Yes  No
17. Has anyone in your employ been accused of a molestation, abuse or any other child related crime whether arrested or not?  Yes  No
18. - Total number of teaching / supervising staff: \_\_\_\_\_  
 - Total number of permanent teaching staff hired during last 12 months: \_\_\_\_\_  
 (Do not include temporary/seasonal help that is hired for a limited period of time.)  
 - Total number of permanent teaching staff have left your employ during last 12 months: \_\_\_\_\_  
 (Do not include temporary/seasonal help that is hired for a limited period of time.)
19. Special Needs Children
  - a. Do you handle "special needs" children?  Yes  No
  - b. If yes, how many? \_\_\_\_\_

CHECK IF NOT APPLICABLE

**SPA/SALON OPERATIONS SUPPLEMENTAL APPLICATION**

1. Are any of these services offered?

Body Wraps

Yes  No

Facials

Yes  No

Massage

Yes  No

Manicure/Pedicure

Yes  No

Hair Stylists – check any of the following that apply:

Yes  No

Cutting

Styling

Perms

Coloring

Whirlpool

Yes  No

Sauna (dry or steam)

Yes  No

Other: \_\_\_\_\_

2. Who provides services?  Employees or  Third party

3. If third-party, are all required to carry professional liability insurance?

Yes  No

Limits Required: \$ \_\_\_\_\_

Certificate Obtained?

Yes  No

Applicant added as an Additional Insured?

Yes  No

4. Do all staff (employees and third party) carry professional liability insurance?

Yes  No

Limits Required: \$ \_\_\_\_\_

Certificate Obtained?

Yes  No  N/A

Applicant added as an Additional Insured?

Yes  No

5. Are all staff licensed for all services they provide?

Yes  No

6. Are all pools/spa/whirlpools compliant with the Spa Safety Act (per State of operations)?

Yes  No

If No, explain:

\_\_\_\_\_

CHECK IF NOT APPLICABLE  
**WATER SLIDE AND WATER ATTRACTION  
SUPPLEMENTAL QUESTIONNAIRE**

Aquatics Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Attach the following documents:

- |  |  |
|--|--|
| <input type="checkbox"/> Lifeguard Employee Handbook   | <input type="checkbox"/> Lifeguard Staffing Plan     |
| <input type="checkbox"/> Opening and Closing Procedures  | <input type="checkbox"/> Slide Inspection Checklists |
| <input type="checkbox"/> Copy of any Waivers Used  | <input type="checkbox"/> Copy of Guest Rules         |
| <input type="checkbox"/> 4 years, currently valued loss runs, explanation of all losses over \$10,000                        |  |
| <input type="checkbox"/> Emergency Action Plan, including Sanitation and Severe Weather Response (provide Table of Contents) |  |

Expiring Policy:

Carrier: \_\_\_\_\_ Auditable?  Yes  No

Premium: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_  Per Occurrence  Per Claim

Rating Basis:  Sales  Number of Admissions  Per Slide  Other \_\_\_\_\_  
Primary Limits: \_\_\_\_\_  
Umbrella Limits: \_\_\_\_\_

Describe any unique terms of limitations of coverage:

Sales:

Total aquatic facility admission receipts: \$ \_\_\_\_\_

If admission is included in the hotel room rate, what is the estimated percentage of room rate allocated for the water attraction admission?

Attendance:

Annual Attendance \_\_\_\_\_

Average Daily Attendance \_\_\_\_\_

Maximum Capacity \_\_\_\_\_

Number of Days Facility is at Maximum Capacity: \_\_\_\_\_

Breakdown of attendance: Hotel guests \_\_\_\_\_ % Paying general public \_\_\_\_\_ %

Provide rules for entry for minor guests without adult supervision:

Does applicant provide life jackets or personal flotation devices for guest use?  Yes  No

Does applicant permit guests to bring in outside food and beverage?  Yes  No

Lifeguards:

Lifeguards are  Certified  Licensed

Who is the certifying or licensing authority (i.e. Red Cross, NASCO, Ellis, Starfish, etc.): \_\_\_\_\_

Do you have Emergency Medical Technicians on premises?  Yes  No

How many hours of in-service training are required monthly of all lifeguards? \_\_\_\_\_

Who performs the in-service training? \_\_\_\_\_

Is applicant's lifeguard training program under contract for audits?  Yes  No By whom? \_\_\_\_\_

Are employees allowed to use the aquatics facility for amusement after hours?  Yes  No

CHECK IF NOT APPLICABLE  
**WATER SLIDE AND WATER ATTRACTION (continued)**  
**SUPPLEMENTAL QUESTIONNAIRE**

Facilities:

Number of Certified Pool Operators on Staff: \_\_\_\_\_

Are all slides and attractions operated and maintained per manufacturers' recommendations?  Yes  No

Has applicant made any modifications to the slides or attractions?  Yes  No

If yes, explain:

---

Are logs kept of all maintenance and inspection activities?  Yes  No

Are state inspections made of all water slides?  Yes  No Frequency: \_\_\_\_\_

What is the distance of a facility to a known earthquake fault? \_\_\_\_\_ Miles

Describe or provide a copy of the water treatment process

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Describe or provide a copy of the air quality management procedures

---

Have all slides/attractions been installed by a licensed and insured contractor? If no, explain:  Yes  No

---

Are any new water attractions at this location or another location planned for installation within the next two years? If yes, please describe:  Yes  No

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Liquor Service:

Is liquor service in the pool area?  Yes  No

If yes, total liquor receipts from the pool or attraction area: \$ \_\_\_\_\_

Are guests permitted to bring in liquor from outside?  Yes  No

Are all servers certified in a formal alcohol training course (e.g. TIPS, TAM, RAMP, ServSafe, etc.)?  Yes  No

Are lifeguard and slide attendants given alcohol awareness training?  Yes  No



Water Slide and Water Attraction  
Supplemental Questionnaire (continued)

Slide Name	Indoor, Outdoor or Both?	Months in Operation Each Year	Body, Tube, Mat, Other (explain)	Enclosed or Open or Both?	Maximum Number of Riders	Launch area Elevation (ft.)	Slide Length (feet)	Landing Area (runout, level entry or pool)?	Landing Area Dedicated or Shared?	Launch area staffed by attendant?	Landing area staffed by lifeguard?	Slide Manufacturer	Installation Year
<i>e.g. "Maiden Voyage"</i>	<i>Outdoor</i>	<i>4 months</i>	<i>Tube</i>	<i>Both</i>	<i>2</i>	<i>30</i>	<i>248</i>	<i>Pool</i>	<i>Shared</i>	<i>Yes</i>	<i>Yes</i>	<i>Whitewater West</i>	<i>2005</i>

Pools/Other Attractions

Type	Number	Sq. Footage	Depth	Guest Capacity	Number of Lifeguards	Length
Wave Pool						
Lazy River						
Activity Pool						
Kiddie Pool						
Family Hot Tub						
Adult Hot Tub						
Surf Machine						

Children's Play Areas

Maximum Platform Height	Ft.
No. of Slides > 5 ft. high	
No. of Slides < 5 ft. high	
Longest Slide Length	Ft.

Lifeguard Attended?  Yes  No      Quantity \_\_\_\_\_

Standing Water?  Yes  No

Depth? \_\_\_\_\_ Ft.

## SIGNATURE PAGE

Notice of insurance information practices – Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request.

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: Substantial] civil penalties, (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA) insurance benefits may also be denied. In 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.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

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Signature

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Name (Please Print)

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Date