



# Supplemental Questionnaire for Historic Hotels

This is a supplemental questionnaire to the ACORD 125 application and Statement of Values (SOV).

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Management/Ownership Information	
Hotel Name:	
Address:	
Contact:	
Effective Date:	

## Building Information

1. Total number of rooms:	
2. Average daily rate:	\$
3. Occupancy rate:	\$

4. Is the hotel:	<input type="checkbox"/> Owner managed <u>or</u> <input type="checkbox"/> Management company
If management company, which hotel company is it?	

5. Is the hotel franchised?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is there an Employee Handbook?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", are reporting responsibilities outlined?	<input type="checkbox"/> YES <input type="checkbox"/> NO

7. Who is responsible for safety and safety training?	
8. Does management conduct regularly scheduled mandatory formal safety meetings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", how often?	
9. Is safety training conducted for new hires?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does it include emergency procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Who is responsible for hotel security?	
12. Is there a written security procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Are procedures in place for screening prospective employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who is responsible for screening?	
14. Are reference checks completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Are background checks completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Is room access electronic?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Do the exterior doors have electronic access?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", at what time?	

18. Are periodic guest safety inspections of the property conducted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", at what frequency?	
19. Who is responsible for reviewing the inspections and assuring corrections?	
20. Are logs kept on maintenance work performed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Is there a customer complaint procedure in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", who receives the first report of claims?	
22. Are investigations done on all incidents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Are records kept of complaints and remedies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Is there a standard supplier or vendor contract in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Does management require certificates of insurance, with GL limits of at least \$1,000,000 from all vendors, suppliers, and contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Does management require all vendors, suppliers, and contractors add them as Additional Insured to their insurance policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Are there building codes that would impact your ability to replace this building as it is today?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", please explain:	
28. Are there smoke detectors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In common areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In each room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are they hard wired?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Battery back up?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24-hour central monitor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Is the building Sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In common areas?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In each room?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Distance from Fire Department?	
31. Is Fire Department manned 24-hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Are the stairwells enclosed with non-combustible material?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Stairwell Stand Pipe system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. If "yes", is it wet or dry?	<input type="checkbox"/> WET <input type="checkbox"/> DRY

### Protection

1. Are emergency procedures posted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is there emergency lighting on each floor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is there a minimum of two means of egress on each floor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are guest rooms equipped with a secondary locking device?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are guest rooms equipped with peep holes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are there Central Station fire alarms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are there Central Station burglar alarms?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Financial Information

1. What is the average room rate?		\$ _____	
<b>Annual Receipts:</b>		<b>Annual Payroll:</b>	
<b>Rooms:</b>		<b>Sales:</b>	
<b>Food:</b>		<b>Clerical:</b>	
<b>Liquor:</b>		<b>Hotel Labor:</b>	
<b>Banquet:</b>		<b>Restaurant:</b>	
<b>Other:</b>		<b>TOTAL:</b>	\$ _____
<b>TOTAL:</b>	\$ _____		

IF LIQUOR RECEIPTS EXCEED 30% OF RESTAURANT SALES, PLEASE COMPLETE AND ATTACH LIQUOR SUPPLEMENT

### Loss Experience

PLEASE PROVIDE CURRENTLY VALUED LOSS RUNS FROM THE INSURING COMPANIES FOR THE PRIOR FIVE (5) YEARS. IF NOT AVAILABLE, PLEASE COMPLETE THE FOLLOWING.

1. Check here to refer to attached loss runs:		<input type="checkbox"/>
2. Please describe all claims with reserves in excess of \$10,000:		
3. Do any deductibles/SIRS apply?		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. If "yes", please describe amounts:		GL: _____      Property: _____

### Recreational Facilities

<b>Pool Information:</b>		
1. Is the pool fenced?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Is the pool deck a non-slip surface?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Is the pool access restricted?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "yes", how?		
4. What is pool depth at shallowest/deepest?		
5. Is pool-depth marked?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Are ropes or buoys used to demarcate shallow end from deep end?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Is there a diving board or slide?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Is safety equipment available?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Specify:		
9. Is there a Certified Lifeguard on duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
What hours or days?		
10. Is there a Qualified Attendant on duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
What hours or days?		
11. During pool operating hours, are employees trained in CPR and First Aid on duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Who is it?		
12. Who is responsible for the overall operation of the pool?		
13. Is there a pool maintenance program in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
What standards used?		

14. Are pool inspection and maintenance records kept?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Are pool instructions clearly displayed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Where?			
16. Does the pool have an anti-vortex drain cover?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Is there a beach?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Amenities Information:</b>			
Check boxes for all amenities offered:			
<input type="checkbox"/>	Boating	<input type="checkbox"/>	Golf
<input type="checkbox"/>	Skiing	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Pool	<input type="checkbox"/>	Horseback Riding
<input type="checkbox"/>	Spa	<input type="checkbox"/>	Playground
<input type="checkbox"/>	Sauna	<input type="checkbox"/>	Day care
<input type="checkbox"/>	Weight Room	<input type="checkbox"/>	Other: _____
Please describe:			
Do you have:			
<input type="checkbox"/>	Surfboards	<input type="checkbox"/>	Boogie boards
<input type="checkbox"/>	Sailboats	<input type="checkbox"/>	Jet skis/Wave runners
<input type="checkbox"/>	Parasailing	<input type="checkbox"/>	Other: _____
18. Is there a written maintenance program for recreational equipment?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Are any recreational activities or facilities contracted out or leased to others?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please list:			

### Restaurant/Banquet Facilities

Restaurant Square Footage	1. _____	2. _____
Banquet Square Footage	1. _____	2. _____

IF YOU HAVE MORE THAN ONE LOCATION, PLEASE ATTACH LOCATION/RECEIPT SCHEDULE.

<b>Kitchen/Hood and Vent:</b>			
1. Does an outside firm clean hoods and ducts?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", frequency of service:		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually
		<input type="checkbox"/> Annually	
2. Are there portable extinguishers available in the kitchen?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Is there an automatic fuel shut off to all cooking appliances activated by the release of the extinguishing system?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are there thermostat and high temperature shut offs to deep fat fryers?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Is the automatic extinguishing system under a service maintenance contract by an outside firm?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", frequency of service:		<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually
		<input type="checkbox"/> Annually	
6. Is there a minimum clearance of 18 inches for hoods and ducts from all combustibles?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. How often are hood <u>filters</u> cleaned?		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly
		<input type="checkbox"/> As needed, more frequently	<input type="checkbox"/> As needed, less frequently
<b>Liquor Liability (if applicable):</b>			
1. Is a food menu available during all hours of liquor service?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. Has applicant had any reported liquor liability claims or notifications of potential liquor liability claims in the past five (5) years? If "yes", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
3. Has applicant's liquor liability coverage even been cancelled or non-renewed? If "yes", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
4. Has the applicant had any fines, citations, or license suspensions or revocations of liquor sales laws or ordinances? If "yes", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
5. Are all servers certified in a formal alcohol training course (e.g. TIPS, TAM, RAMP, ServSafe, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. In addition to use of a certified alcohol training course, does applicant have a <u>written</u> policy for serving alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does management review this written policy with servers on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Is there a stand-alone bar/cocktail lounge unconnected to a restaurant? If "yes", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
9. Does applicant have any alcohol consumption promotions/happy hours? If "yes", describe the promotions and how consumption quantities are controlled:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
10. Does applicant provide entertainment, dancing, live bands, a DJ, or amusement devices? If "yes", please describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
11. Does applicant use any on-site security or bouncers? If "yes", please describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	
12. Does applicant conduct criminal background checks on all security personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. If security services are contracted to a third-party: Does contract security firm conduct background checks on all personnel?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Are hold harmless agreements in applicant's favor and certificates of insurance naming applicant as additional insured obtained from contract security firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Is there the use of armed security?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Does contract firm's General Liability and E&O coverage exclude or sublimit assault or battery or personal injury coverages? If "yes", please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	

### Automobile Information

1. Do you offer a valet service for guests?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is valet training in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is there a livery/shuttle service?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is livery/shuttle driver training in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is there driver selection criteria in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does screening include drug testing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are MVR's ordered annually on all drivers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. Is there a vehicle maintenance program in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Do you allow personal use of company autos?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Is personal use limited?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "yes", to whom?	
11. What criteria are used as grounds for dismissal?	
12. Are all scheduled vehicles owned by or leased to the company?	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

### Historic Tax Credit

1. Are there Federal, State, or Municipal tax credit incentives attached to any of the organization's locations? If "yes", please describe in detail and include location address.			
_____			
_____			
2. Tax Credit amount:			
	<b>Federal Program</b>	<b>State Program</b>	<b>Municipal Program</b>
Year 1	\$	\$	\$
Year 2	\$	\$	\$
Year 3	\$	\$	\$
Year 4	\$	\$	\$
Year 5	\$	\$	\$
TOTALS:	\$	\$	\$
Total Rehabilitation Tax Credit from all sources: \$			

### Disclaimer and Signature

*The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.*

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Licensed Producer, Broker,  
or Agent: \_\_\_\_\_

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COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.