

International -Application Hotel and Resort Supplement

Applicant Information

Wholesale Broker Information

Named Insured: _____

Brokerage Name: Cover Agency, Ltd

Hotel and Resort Operation Additional Information

Does Hotel/Resort Own/Operate SWIMMING FACILITIES? Yes No If Yes, Provide Details Below.

Swimming Pools: _____

Maximum Depth: _____

Diving Board(s)? Yes No

If Yes, Height: _____

Safety Rules Posted? Yes No

Lifeguards Provided? Yes No

Hours of Operation: _____

Underwater Electricals Properly Grounded ? Yes No

Does Hotel/Resort have a PRIVATE BEACH? Yes No If yes, provide details below.

Lifeguards Provided? Yes No

Hours of Operation: _____

Does Hotel/Resort provide WATER SPORTS? Yes No If Yes, Provide Details Below.

Activity		Operated By:
Scuba?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Snorkeling?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sailing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Windsurfing:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parasailing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deep Sea Fishing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

If Yes on WATER SPORTS for Scuba,

Are Scuba Divers Employed by Hotel? Yes No

Who Certifies Scuba Divers? _____

Do Guests Receive Instructions Prior to Diving? Yes No

Does Hotel/Resort Provide Equipment? Yes No If Yes, How Often is Equipment Serviced?

For Concessionaires of WATER SPORTS

Are Concessionaires Legally/Contractually Required to Purchase Insurance? If Yes, Provide: Yes No

Coverage: _____ Limits: \$ _____ Requirements: _____

Does Hotel/Resort Have Current Certificate(s) of Insurance on File? Yes No

Is Hotel/Resort Named as Additional Insured on Lessee(s) Insurance Policy(s): Yes No

Does Hotel/Resort Own/Operate Golf Course? Yes No

- If Yes, Provide Details *including training and certification, or check here* *to indicate you are providing as separate attachment.*

Does Hotel/Resort Operate Any of the Following OTHER OCCUPANCIES/SERVICES? Yes No

If Yes, Provide Details Below.

Health Club/Gymnasium/Sauna? Yes No

If Yes, Supervised for Proper Equipment Use?

Yes No

Spa/Massage/Laundry Services? Yes No

If Yes, Provide Details: _____

Offices/Retail Stores Leased to Others? Yes No

If Yes, Are Lessees Legally/Contractually Required to Purchase Insurance? Yes No

If Yes, Provide:

Coverage: _____ Limits: \$ _____ Requirements: _____

Does Hotel/Resort Have Current Certificate(s) of Insurance on File? Yes No

Is Hotel/Resort named as Additional Insured on Lessee(s) insurance policy(s): Yes No

Resident Doctor Employed by Hotel/Resort ? Yes No

Describe Extent of Medical Facilities: _____

Childcare Service Provided to Guests? Yes No

If Yes, Describe: _____

Does Hotel/Resort Use Outside Service? Yes No

If Yes, Does Service Carry Professional Liability Coverage? Yes No

If Yes, Provide Details on:

Operators' Liabilities: _____

Hold Harmless Agreements: _____

Does Hotel/Resort Operate a CAR PARK FACILITY? Yes No If Yes, Capacity:

Valet parking Provided? Yes No

Do Hotel/Resort Employees Move/Park Vehicles Belonging to Hotel Guests? Yes No

Does Hotel/Resort Have Innkeepers Liability? Yes No

Hotel/Resort Guest Personal Property Kept in Locked Safe(s) ? Yes No

Where? _____ How Many? _____

Describe Controls for Opening Safety Deposit Boxes: _____

Minimum Established Liability Law? Yes No If Yes, How Much? \$ _____

Does Hotel/Resort Lease/Charter AIRCRAFT for Company Business or Own/Operate HELIPORT? Yes No If Yes, Provide Details Below.

Charters Hired/Year: _____ Total Flight Hours: _____

Name of Charter Company: _____

Certificate of Insurance Requested? Yes No

If Yes, check here to indicate you are providing as separate attachment.

Airports Utilized: _____

Type of Chartered Aircraft _____ Select One Any Aircraft with 40 + seats? Yes No

Does Hotel/Resort Operate Airport/Heliport? Yes No If Yes,

Manned? Yes No Lighted? Yes No

Paved? Yes No Grass? Yes No

Used by Any Other Entity? Yes No

Check here to indicate you are providing diagram in a separate attachment

Does Hotel/Resort Own/Operate/Lease Any MARINA OR WHAR FACILITIES? Yes No If Yes, Provide Details Below

_____ Years _____ in _____ Operation: _____

Location: _____

_____ Docking _____ Slips: _____

_____ Maximum

Size _____ Any _____ Single _____ Vessel: _____

Annual Gross Receipts *estimated* \$ _____

Type of Fuel Sold: _____ Annual Receipts *estimated*: \$ _____

Maximum Value Any Single Vessel: \$ _____

Does Hotel/Resort Have Security Department? Yes No If Yes, Provide Details including training and certification, or check here to indicate you are providing as separate attachment.

Does Hotel/Resort Have Written Crowd Control and Evacuation Plan, in Case of Fire, Flood, Storms, Earthquakes or Other Natural Disaster? Yes No If Yes, Provide Details , or check here to indicate you are providing as separate attachment.

Does Hotel/Resort Sponsor Public Events? such as concerts, fairs or sports Yes No

- If Yes, Provide Details , or check here to indicate you are providing as separate attachment

Does Hotel/Resort Provide Limousine, Van, Shuttle or Other Transportation Services? Yes No

- If Yes, Provide Details , or check here to indicate you are providing as separate attachment.

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: _____

Date: _____

Signature of Producer: _____

Date: _____