

# 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: \_\_\_\_\_