

## HOTEL / MOTEL SUPPLEMENTAL INFORMATION

INSURED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?
_____	_____	_____	_____	_____	_____

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What is the layout of the insured's premises? \_\_\_\_\_
4. What are the insured's hours of operation? \_\_\_\_\_
5. What is the level of housekeeping/ maintenance at the insured's complex? \_\_\_\_\_
6. Is this subcontracted out? Yes \_\_\_\_\_ No \_\_\_\_\_ And if so, are subcontractors insured? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are employees instructed on proper lifting techniques? \_\_\_\_\_
8. Does the insured employ security personnel? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does the insured have vans or buses? Yes \_\_\_\_\_ No \_\_\_\_\_ And if so, do they employ drivers to operate vans or buses? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Are all employees trained in how to handle themselves during a robbery attempt? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are firearms kept on the premises? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Are employees instructed on proper ways to handle unruly customers? Yes \_\_\_\_\_ No \_\_\_\_\_
13. What is availability of emergency health care and first aid? \_\_\_\_\_
14. Are carbon monoxide detectors with audible alarms in operation? Yes \_\_\_\_\_ No \_\_\_\_\_