



Hospitality Services Questionnaire

Named insured	Location(s)
Email address of insurance buyer	Eff. date
URL	
Insurance contact for Loss Control	Phone

A complete submission must have the following documents:

- ACORD applications — every 3 years
- Loss runs — 4 years, currently valued
- Hospitality Services Questionnaire — every 3 years
- Umbrella, D&O, Fiduciary and EPL Supplemental Applications
- Complete drivers' list — annually, pre-quote
- International Application

1. Please indicate which additional coverages you would like to have quoted:

<input type="checkbox"/> Directors' and Officers' Liability	<input type="checkbox"/> Hospitality Services E & O
<input type="checkbox"/> Employment Practices Liability	<input type="checkbox"/> For general hotel operations
<input type="checkbox"/> Crisis Management Insurance: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000	<input type="checkbox"/> For beauty shop and spa operations
Do you have a written emergency response and crisis management plan that is applied to all locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> For fitness and other recreational operations
<input type="checkbox"/> PropertyGard® Extension Endorsement for Restaurants and Hotels	<input type="checkbox"/> For real estate sale and maintenance operations
Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Policy Deductible	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other
<input type="checkbox"/> Valet Parking Endorsement	<input type="checkbox"/> Marina Operations Coverages
<input type="checkbox"/> Wine Valuation Endorsement Limit \$ _____	<input type="checkbox"/> Piers, Docks and Floating Slips Limit \$ _____
<input type="checkbox"/> Communicable Disease / Realty Tax Increased Assessment	<input type="checkbox"/> Marine Operations Legal Liability Limit \$ _____
<input type="checkbox"/> Hole in One Limit	<input type="checkbox"/> Protection and Indemnity Limit \$ _____
<input type="checkbox"/> Builders' Risk/Owners' Risk	<input type="checkbox"/> Watercraft physical damage Limit \$ _____

Construction type

Estimated completion date	Total value \$	Deductible \$
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Type of construction project:

- ☐ Retrofit ☐ New building ☐ Fixtures ☐ Structural improvements ☐ Mechanicals ☐ Other — Please describe

Name of contractor

- ☐ Special Property Endorsements for Golf Clubs — Limits for: PropertyGard® Golf and Country Club Special Extension Endorsement \$

PropertyGard® Golf and Country Club Additional Limits Endorsement \$

Permanent Structures Intended for Public Use:	Limit \$	Deductible \$
Bridges:	Limit \$	Deductible \$
Tee to Green:	Each tree, shrub or plant limit \$	
	Each green limit \$	Deductible \$
Sprinklers and Underground Wiring:	Each occurrence limit \$	Deductible \$
	All occurrences 12-month limit \$	

Outdoor Property:	Each tree, shrub or plant limit \$	Deductible \$
	Each occurrence limit: \$	All occurrences/12-month period limit \$
Tee to Green Debris Removal Restoration	Per tree \$	Deductible \$
	Each occurrence \$	Deductible \$
	All occurrences/each 12-month period \$	Deductible \$

Please complete a separate application for items 2–7 for each of your locations

2. General information

Number of rooms	Average room rate	Average occupancy rate
Percentage of total property values in condos and timeshares	Liquor receipts as a percentage of combined food and liquor receipts at each location %	

Yes No

☐ ☐ Is front desk staffed 24/7? Describe other premises security (guards, cameras, etc.):

☐ ☐ Are guards armed? ☐ N/A (no guards)
If guards are provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

What is the percentage of guest rooms that are designated smoking rooms?
☐ Less than 10% ☐ 10–24% ☐ 25–49% ☐ 50% or more

☐ ☐ Are there woodburning fireplaces in the rooms?
Is entry to rooms:

☐ ☐ Through a lobby
☐ ☐ Through external stairway with no controls
☐ ☐ Through exterior corridors with key entry

Are keys to rooms by:

☐ ☐ Electronic keys
☐ ☐ Steel keys

Describe key changing procedures:

What is the capacity of the largest shuttle van? What is the radius and anticipated use of the shuttle vans?

☐ ☐ If liquor is served, do all bartenders and servers receive TIPS or other liquor service training?

☐ ☐ Has liquor coverage ever been cancelled or non-renewed? If so, describe why.

If any fines, citations or license suspensions/revocations have occurred, please describe:

☐ ☐ Is liquor served after 11 p.m.?

☐ ☐ Is there a stand-alone bar/cocktail lounge unconnected to a restaurant? If yes, what are the closing hours?

Receipts \$

☐ ☐ Is there a restaurant?
How often is the automatic extinguishing system professionally inspected? ☐ 3 months ☐ 6 months ☐ yearly

☐ ☐ Is there a hold harmless agreement in place?
How often are the exhaust filters cleaned? ☐ daily ☐ weekly ☐ every other week ☐ monthly or less
How often is the hood, duct, and flue cleaning done by an independent contractor?
☐ monthly ☐ quarterly ☐ semi-annually ☐ once a year or less

☐ ☐ Is there a hold harmless agreement in place?

3. General operations

Total annual revenue from concierge, business services, meeting and event planning services, catering, notary: \$ _____

Please indicate which services you provide or will be providing in the next year:

Yes No

☐ ☐ Car valet

If valet services are provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

☐ ☐ Concierge

☐ ☐ Meeting and special event planning

	Largest event (No. of attendees)	No. of offsite events
<input type="checkbox"/> <input type="checkbox"/> Catering	No. of offsite events	
<input type="checkbox"/> <input type="checkbox"/> Copying and other business services		
<input type="checkbox"/> <input type="checkbox"/> Bartending		
<input type="checkbox"/> <input type="checkbox"/> On premises	Number of onsite events:	
<input type="checkbox"/> <input type="checkbox"/> Off premises	Number of offsite events:	

4. Beauty and spa operations

Total annual revenue from beauty and spa services: \$ _____

NOTE: We do not provide coverage for:

- Body piercing other than ear piercing
- Tattooing or permanent makeup
- Ear candling or coning
- Hair dyeing with coal-tar dyes
- Dyeing of eyelashes or eyebrows with dyes not approved by the Food and Drug Administration for that application
- Sales of products you manufacture, or which are sold under your brand or label
- Microdermabrasion or chemical peels with more than 10% active ingredients
- Injections of any kind
- Hair removal by x-ray, laser or photocoagulation
- UV light tanning treatments
- Any invasive treatment, including:
 - Removal of moles, warts or other growths
- Plastic surgery, sclerotherapy or other procedures to minimize the appearance of veins
- Medical services by a medical professional
- Psychological counseling

Yes No

☐ ☐ Is the operation performed by your own employees?

☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations:

Describe the nature and number of adverse client service experiences for this category:

☐ ☐ Are all professionals and operators licensed by recognized licensing organizations?

How many operators do you have (e.g., cosmeticians, electrologist technicians, estheticians, manicurists, pedicurists, etc.)?

5. Physical fitness facilities

Total annual revenue from physical fitness facilities: \$ _____

NOTE: We do not provide coverage for:

- Nutritional counseling
- Sales of privately labeled products or nutritional supplements / products of others
- Sales of products you manufacture, or that are sold under your label or brand
- Medical services by a medical professional
- Psychological counseling
- High-level high-intensity training of professional athletes

5. Physical fitness facilities (continued):

Yes No

☐ ☐ Is the operation performed by your own employees?

☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations:

Describe the nature and number of adverse client service experiences for this category:

☐ ☐ Are all professionals licensed by recognized licensing organizations (e.g., ACSM, AFAA, etc.)?

☐ ☐ Do they have insurance purchased through those organizations? Limits \$

6. Travel services

Total annual revenue from travel services: \$

NOTE: We do not provide coverage for:

- Services other than organizing and conducting land tours on public roads, and making reservations with outside vendors/operators

Yes No

☐ ☐ Is the operation performed by your own employees?

☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations:

What networks or organizations are you affiliated with?

Please describe the booking services you provide to your guests: (Note: we do not provide coverage for tour operators, student, or adventure tours)

☐ ☐ Have you defaulted on a tour in the last 3 years? If yes, explain:

7. Real estate services

Total annual revenue from real estate services: \$

NOTE: We do not provide coverage for:

- Formulation, syndication, promotion, offer, sale, or management of any real estate investment, trust, or limited or general partnership, real estate brokerage services, or timeshare sales

Yes No

☐ ☐ Is the operation performed by your own employees?

☐ ☐ Or by a vendor?

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Describe any losses in the last 5 years related to these operations

How many full-time real estate agents do you have on staff?

What services do you provide and what percent of your real estate services revenue is attributable to:

Condominium rental or sales		%
Timeshare rental or sales		%
Maintenance supervision or contracting		%
Rental or sales of property not part of hotel premises		%

8. Other recreation services or amenities you offer (or will offer in the next year)

(check boxes for all amenities offered)

- | | | | | |
|---|---|-------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Boating | <input type="checkbox"/> Bungee jumping | <input type="checkbox"/> Sky diving | <input type="checkbox"/> Scuba diving | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Playground | <input type="checkbox"/> Day care | <input type="checkbox"/> Other | |

If other, please describe:

If the operation is provided by a vendor, what hold harmless agreements are in place and what limit of insurance is the vendor required to carry?

Yes No

- ☐ ☐ Do you have a pool? If so, does your pool have:
- ☐ A diving board over 1 meter high
 - ☐ Lifeguards on duty
 - ☐ A slide under 5 feet of elevation
 - ☐ A slide greater than 5 feet of elevation
 - ☐ A lazy river
 - ☐ General public access or separate revenue from pool operations
 - ☐ A fence and self-locking gates
- ☐ ☐ Do you have a marina or docks that you operate?
- ☐ ☐ If so, do you have a dock inspection program?
- ☐ ☐ Are you engaged in the sale of used, brokered, or consigned boats?
- ☐ ☐ Are you engaged in boat repair?
- ☐ ☐ Do you rent watercraft?
- ☐ ☐ Do you rent any equipment? If yes, please describe:
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- ☐ ☐ Is there a written maintenance program for recreational equipment?
- ☐ ☐ Are any recreational activities or other amenities contracted out or leased to others?
- ☐ ☐ Do you provide day care services for other than hotel guests?
- For day care services, what is the ratio of providers to children?
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- ☐ ☐ Are criminal background checks and referrals checked for all providers?

Producer signature

Date