



**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 \_\_\_\_\_