



**HOTEL SUPPLEMENTAL
WORKERS' COMPENSATION APPLICATION**

Application/Policy #: _____ Effective Date: _____

Insured Name: _____ Federal ID #: _____

Website: _____ Email: _____

Agency Name: _____ Contact: _____

Payroll Data: Provide historical payroll data by class (for current and prior 4 years) or submit final audit invoices if available. **Applicable only to policy years not insured by Republic Indemnity.**

| | Class | | Class | | Class | | Class | | Class |
|----------------------------------|-------|--|-------|--|-------|--|-------|--|-------|
| Current Year | | | | | | | | | |
| 1st Year Prior | | | | | | | | | |
| 2nd Year Prior | | | | | | | | | |
| 3rd Year Prior | | | | | | | | | |
| 4th Year Prior | | | | | | | | | |

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere and **most current experience modification worksheet** if available.

Operational Information

1. Please provide the number of employees on staff:

| | Part-Time | Full-Time (30+ Hours) | Average Wage/Hour | # of Seasonal Employees |
|---------------------|-----------|--------------------------|----------------------|----------------------------|
| Housekeeping | | | | |
| Maintenance | | | | |
| Front Desk | | | | |
| Managers | | | | |
| Drivers | | | | |
| Bell Persons | | | | |
| Restaurant | | | | |
| Other: | | | | |

If Other, please explain: _____

2. Number of W-2s in the last reporting year: _____

3. How many independent contractors are used? _____

How many 1099 forms are issued to individuals? _____

How many 1099 forms are issued to companies/organizations? _____

If there are independent contractors, what kind of work do they perform? _____

Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No

4. Do you provide transportation for employees and/or guest: Yes No

Please explain (auto, bus, aircraft, water craft): _____



- 5. Is lodging provided for employees? Yes No
- 6. Do employees travel to and from the premises by
Watercraft: Yes No Explain: _____
Aircraft: Yes No Explain: _____
- 7. Does the hotel provide transportation to and from the airport? Yes No
If yes, number of daily trips: _____ -and- type of vehicle: _____
MVRs checked: Yes No
- 8. Does the hotel provide any of the following?
Sightseeing Tours Bus Trips Other Group Transportation
If yes to any of the above, please describe: _____
- 9. Describe procedures for turning mattresses, including the number of people involved, the frequency it is done, etc:

- 10. Who provides maintenance? _____
- 11. Briefly describe the type of maintenance conducted: _____
- 12. Are major repairs and/or renovations performed by employees or owners, such as demolition, new construction, external renovations, roofing, external painting? Yes No
- 13. Are elevators provided for housekeeping and personnel? Yes No
- 14. Are rates provided for other than daily accommodations? Yes No
- 15. Union Non-Union Percentage of employees participating: _____%
- 16. Group Medical: Yes No Name of Group Medical Provider: _____
% of employees participating: _____ % of employer contribution: _____
Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No
- 17. Safety Program: Yes No
Safety meetings held for all employees: Yes No
Personal protective safety equipment provided: Yes No
Accident investigation program in place: Yes No
- 18. Hiring Practices
Application: Yes No Check References: Yes No
- 19. Pre-employment physical: Yes No
- 20. Drug Screening Program/Random Drug Testing: Yes No
- 21. Does insured offer modified work: Yes No
If yes, provide details: _____
- 22. What is the maximum manual weight lifted? _____ What material handling aids are used? _____

Hotel + Restaurant

If this hotel includes a restaurant, please answer the following questions:

- 1. Type of Restaurant: _____
- 2. Hours of Operation: _____
- 3. Catering or delivery provided: Yes No
- 4. Entertainment provided: Yes No If so, what type (describe): _____
- 5. What is the percent of liquor receipts verses food receipts? _____% Liquor vs. _____% Food



Locations(s) – Please complete for all locations of business operations:

| Number of Employees assigned to the location (including those who work off premises) | | # of Shifts | Maximum number of employees on the premises at one time | # of Stories and Floor # occupied by this business | | Building Construction Type *(see below) |
|--|-----------|-------------|---|--|---------|---|
| Full-time | Part-time | | | # Stories | Floor # | |

| | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Location (1) | | | | | | | |
|---------------------|--|--|--|--|--|--|--|

| |
|------------------|
| |
| Street |
| |
| City, State, Zip |

| | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Location (2) | | | | | | | |
|---------------------|--|--|--|--|--|--|--|

| |
|------------------|
| |
| Street |
| |
| City, State, Zip |

| | | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Location (3) | | | | | | | |
|---------------------|--|--|--|--|--|--|--|

| |
|------------------|
| |
| Street |
| |
| City, State, Zip |

If there are more than 3 locations, please continue on a separate sheet.

*Types of Building Construction that closely matches the description of the building that the insured occupies.

| | |
|--------------------------------------|----------------------------------|
| Wood Frame, including masonry veneer | Tilt-up concrete |
| Unreinforced masonry | Reinforced concrete |
| Reinforced masonry | Light gauge steel frame |
| Mobile home | Protected structural steel frame |

Policy Specifications

Non-Participating Plan Participating
 Program: Yes No If yes, Program Name: _____
 Commission: _____% Direct Bill Agency Bill

Producer Authorized Signature: _____ Date: _____

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.