



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.

Table with 10 columns: Class, Class, Class, Class, Class, Class, Class, Class, Class, Class. Rows include 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:

Table with 5 columns: Part-Time, Full-Time (30+ Hours), Average Wage/Hour, # of Seasonal Employees. Rows include 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)
				# Stories	Floor #	
Full-time	Part-time					

Location (1)							
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Street
City, State, Zip

Location (2)							
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Street
City, State, Zip

Location (3)							
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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: _____