



**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
<b>Current Year</b>									
<b>1<sup>st</sup> Year Prior</b>									
<b>2<sup>nd</sup> Year Prior</b>									
<b>3<sup>rd</sup> Year Prior</b>									
<b>4<sup>th</sup> Year Prior</b>									

**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
<b>Housekeeping</b>				
<b>Maintenance</b>				
<b>Front Desk</b>				
<b>Managers</b>				
<b>Drivers</b>				
<b>Bell Persons</b>				
<b>Restaurant</b>				
<b>Other:</b>				

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 #	

<b>Location (1)</b>							
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Street
City, State, Zip

<b>Location (2)</b>							
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Street
City, State, Zip

<b>Location (3)</b>							
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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: \_\_\_\_\_

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.