

HOTEL WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
 Effective Date: _____ Website: _____ Contact Email: _____
 Agency: _____ Contact: _____

Payroll Data - Provide historical payroll data by class (for current and prior 4 years), or x-mod worksheet if available. Applicable only to policy years not insured by Republic Indemnity.

Class:	_____	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1st Prior Yr</u>	_____	_____	_____	_____	_____
<u>2nd Prior Yr</u>	_____	_____	_____	_____	_____
<u>3rd Prior Yr</u>	_____	_____	_____	_____	_____
<u>4th Prior Yr</u>	_____	_____	_____	_____	_____

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.

Please provide the number of employees on staff:

	<u>Part-time</u>	<u>Full-time (30 hrs +)</u>	<u>Ave wage/hr</u>	<u># of seasonal Employees</u>
Housekeeping:	_____	_____	_____	_____
Maintenance:	_____	_____	_____	_____
Front Desk:	_____	_____	_____	_____
Managers:	_____	_____	_____	_____
Drivers:	_____	_____	_____	_____
Bell Persons:	_____	_____	_____	_____
Restaurant:	_____	_____	_____	_____
_____:	_____	_____	_____	_____
(Other/Explain)				

Operational Information

- # of W-2s in the last reporting year: _____
- Do you provide transportation for employees and/or guest: Yes No
Please explain (auto, bus, aircraft, water craft): _____
- Is lodging provided for employees? Yes No
- Do employees travel to and from the premises by
 Watercraft: Yes No Explain: _____
 Aircraft: Yes No Explain: _____
- 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
- Does the hotel provide any of the following?
 Sight Seeing Tours Bus Trips Other Group Transportation
 If yes to any of the above, please describe: _____

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

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____

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

*Types of Building Construction that closely matches the description of building that 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

Producer Authorized Signature _____ Date _____