



KLEIN INSURANCE SERVICES

Hotel Application

KLEIN INSURANCE SERVICES ONE GARRET MOUNTAIN PLAZA, SUITE 901,
WOODLAND PARK, NJ 07424

TEL: 973 754-6100 ~ FAX: 973 754-0600

COMPLETION OF THIS SUPPLEMENTAL APPLICATION IS MANDATORY FOR ALL "KIS" INSUREDS.

AN APPLICATION MUST BE COMPLETED FOR EACH LOCATION

If you have any questions, please contact our office at the above number.

SECTION I: General Information

Named Insured: _____

Mailing Address: _____

Location Address: _____

Insured's website Address: _____ Effective Date: _____

Is there a Consultant involved with this risk? Yes No If Yes, provide name and contact information

List all legal entities: Use additional sheet if necessary

Name of entity	Location to which they apply	Owner's name	% of ownership

Management Company, Contact Name & Phone # (if applicable) _____

How many years of hotel experience do you have? _____

In what year did this business begin? _____

Do you own or operate other hotels not part of this application? Yes No

Are you now or have you been in Receivership? Yes No If Yes, when _____

SECTION II: Demographics

Demographics	Building 1	Building 2	Building 3	Building 4	Building 5	Building 6
Year Building Built						
Type of Building Construction						
If Newly constructed, what is the date the certificate of occupancy was issued? Please send a copy.						
Is the building clad with EIFS (Exterior Insulation and Finish System)/ synthetic stucco? If yes, provide details on page 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of ROOF Construction (Joisted?) Yes or No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your hotel have interior or exterior corridors?	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior
Are there room balconies? If Yes, are railings spaced 5" or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there peepholes in the rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all computers/EDP/Phones adequately surged protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Rooms Per Building						

SECTION III: Leisure Facilities/Accommodations

Check those which are applicable:

- Golf Skiing Boating Beach Playground Tennis Sauna/Steam Room
Marina Spa Scuba Diving Beauty Salon Horseback Riding Tanning Booths
Exercise Room Weight Room Gun Shooting Archery Activities Roller or Ice Skating Rink(s)
Sled/Toboggan Trampolines Water Slides Bicycle or Motorized Vehicle Rentals
Amusement Rides Mechanical Rides Manual Animal Rides Special Events: eg. Firework Displays

Are there Health/Exercise Facility on the premises? Yes No

If Yes, is the facility properly monitored? (TV Monitor/Staff hourly check-in with log sign-in) Yes No

Is access to this area restricted to hotel/motel guests only? Yes No

Any Outside Memberships sold? Yes No

Are there any free weights? Yes No

Is there a "playground" on the premises? Yes No

Is it Fenced? Yes No

Is it Soft Material? Yes No

Describe Types of Playground Equipment: _____

If there is a Marina on premises? Yes No

If Yes, does the insured carry MOLL? Yes No

Is Fuel supplied? Yes No

Is there Fuel Pollution Liability insurance, in force? Yes No

Identify from above, facilities rented from outside sources: _____

Do you offer massage therapy? Yes No

If yes, is it provided by an independent contractor? Yes No

Do you obtain a certificate of insurance naming you as additional insured? Yes No

SECTION IV: Swimming Pools

Is there a swimming pool on the premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Pools: # Indoor: _____; # Outdoor: _____; Depth: _____; # Diving Boards: _____; # of Slides: _____	
Any Pools Located on Rooftops or Upper Floors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-Locking Gate with Child Proof Latch?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there Certified Lifeguards present during operating hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No;
If yes. Are they: hotel employees <input type="checkbox"/> Yes <input type="checkbox"/> No	How is certification verified? _____
Are they contract employees <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a contract in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a copy of the contract on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the insured named Additional Insured on vendor's coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is hook/ring/buoy available? <input type="checkbox"/> Yes <input type="checkbox"/> No; Floatation Rope <input type="checkbox"/> Yes <input type="checkbox"/> No;	(Required at depths over 5 Feet)
Is glass restricted from Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any use of Pool of Facilities by Other than Hotel Guests? <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes, by Outside Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No;	
Safety Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No; Depths marked? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION V: Restaurant and Banquet Facilities

Restaurant Square Footage:		Is there Live Entertainment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hours of Operation:		Type of Entertainment?	
Location of Restaurant (What Floor):		Specify Days and Hours of Entertainment:	
Is there Dancing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is an Exhaust Hood Cleaning Service Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Maintained On Contract Basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there Convention/Exhibit facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wet or UL300 Compliant System Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Maintained on Contract Basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convention/Exhibit Capacity:		Is the Staff trained in CPR/1st Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Restaurant on a Single Level?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Staff TIPS/Alcohol Awareness Trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Handicapped Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is alcohol served off premise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are Non-Skid Mats used in slippery areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor License – Insured or Tenant Name?	
Are bartenders and waiters/waitresses trained for identification and hard lines of intoxicated customers (TIPS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are Bouncers Used? If Yes, are they trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the ducts regularly cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguishers on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VIII: Renovation Supplement:

ELECTRIC

Type of System:

Date of Renovations:

Type of Renovations:

Location of Renovations:

Area covered by Renovations (%):

Name and Phone of Contractor:

PLUMBING

Type of System:

Date of Renovations:

Type of Renovations:

Location of Renovations:

Area covered by Renovations (%):

Name and Phone of Contractor:

HEATING/AIR CONDITIONING

Type of System:

Date of Renovations:

Type of Renovations:

Location of Renovations:

Area covered by Renovations (%):

Name and Phone of Contractor:

ROOF

Type of System:

Date of Renovations:

Type of Renovations:

Location of Renovations:

Area covered by Renovations(%):

Name and Phone of Contractor:

SPRINKLERS

Any recent updates:

Type of updates:

Location of updates:

Name and Phone of Contractor:

BUILDING EXTERIOR

If the building clad with EIFS/
synthetic stucco provide details here:

Location of EIFS stucco:

Dates of repair:

Name and Phone of Contractor:

SIGNATURE OF THE INSURED

X