



# KLEIN INSURANCE SERVICES

## *Hospitality E&O Supplemental Application*

KLEIN INSURANCE SERVICES 8 HILLSIDE AVE. SUITE 108

MONTCLAIR, NJ 07042

TEL: 973-509-0080 ~ FAX: 973 754-0600

### Required for all Insureds

Name of insured \_\_\_\_\_

**SELECT ALL OPERATIONS THAT APPLY TO APPLICANT AND COMPLETE THE APPROPRIATE SECTIONS BELOW:**

- |   |   |
|---|---|
| <input type="checkbox"/> Concierge services                         | <input type="checkbox"/> Business services/event planning |
| <input type="checkbox"/> Salon and spa operations                   | <input type="checkbox"/> Physical fitness services        |
| <input type="checkbox"/> Real Estate Rental and Management Services | <input type="checkbox"/> Travel services                  |

**PLEASE DESCRIBE ANY OTHER PROFESSIONAL SERVICES PROVIDED BY THE INSURED NOT SHOWN ON THIS SUPPLEMENTAL APPLICATION**

\_\_\_\_\_

In any of the categories listed above have there been any claims or known incidents that lead to a claim for professional or errors and omissions liability?  Yes  No

If Yes, please explain: \_\_\_\_\_

For any services provided on the applicant's behalf by independent contractors are hold harmless agreements in favor of the insured received?  Yes  No

If Yes, please explain: \_\_\_\_\_

<b>CONCERIGE SERVICES:</b>	<b>Not applicable</b> <input type="checkbox"/>
<b>Receipts:</b>	<b># of years experience:</b>
Describe nature of services offered.	_____

<b>BUSINESS SERVICES:</b>	<b>Not applicable</b> <input type="checkbox"/>
<b>Receipts:</b>	<b># of years experience:</b>
Does applicant require clients to sign an event contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SALON AND SPA OPERATIONS: (current copy of SPA SERVICES MENU Required)</b>	<b>Not applicable</b> <input type="checkbox"/>
<b>Receipts:</b>	<b># of years experience:</b>
Are services are performed by	employees <input type="checkbox"/> independent contractors <input type="checkbox"/> both <input type="checkbox"/>
Do all Spa Professionals carry minimum \$1MM Liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are certificates of insurance naming applicants as AI provided by all independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all operators licensed as required by applicable law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are background checks performed on all massage therapists, whether employees or contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant provide nutrition or weight counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that signed waivers are required from all clients.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PHYSICAL FITNESS SERVICES</b> (current copy of SERVICES MENU Required)	<b>Not applicable</b> <input type="checkbox"/>
<b>Receipts:</b>	<b># of years experience:</b>
Are services are performed by	employees <input type="checkbox"/> independent contractors <input type="checkbox"/> both <input type="checkbox"/>
Are all Fitness Instructors certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are certificates of insurance naming applicants as AI provided by all independent contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant sell retail products either manufactured by them or under their label?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant provide nutrition or weight counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that signed waivers are required from all clients.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>TRAVEL SERVICES</b>	<b>Not applicable</b> <input type="checkbox"/>
<b>Receipts:</b>	<b># of years experience:</b>
Describe tour operation and reservation services applicant provides to it guests;	_____
Are all drivers provided emergency training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>REAL ESTATE RENTAL AND MANAGEMENT SERVICES</b>	<b>Not applicable</b> <input type="checkbox"/>
<b>Receipts:</b>	<b># of years experience:</b>
What services does applicant provide?	Real estate sales <input type="checkbox"/> Real estate rentals <input type="checkbox"/> Real estate maintenance <input type="checkbox"/>
Rental of property not on schedule of locs on application submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SIGNATURE OF THE INSURED**  
**X**

**PRINTED NAME OF INSURED**  
**X**