

KLEIN INSURANCE SERVICES, INC.

Application

*www.kis-hospitality.com*

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: \_\_\_\_\_

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						
<b>Number of Pools:</b> # Indoor: _____; # Outdoor: _____; Depth: _____; # Diving Boards: _____; # of Slides: _____						
<b>Any Pools Located on Rooftops or Upper Floors?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <input type="checkbox"/> No						
<b>Lifeguards?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes. Are they hotel employees <input type="checkbox"/> or contract employees <input type="checkbox"/>						
<b>Fenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Self-Locking Gate with Child Proof Latch?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Is hook/ring/buoy available?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <b>Floatation Rope</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; (Required at depths over 5 Feet)						
<b>Is glass restricted from Area?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Any use of Pool of Facilities by Other than Hotel Guests?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <b>If Yes, by Outside Membership?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No;						
<b>Safety Rules posted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No; <b>Depths marked?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						

**SECTION III: 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? Maintained On Contract Basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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? Maintained on Contract Basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <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 IV: FIRE PROTECTION**

Is Hotel/Motel Sprinkled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What %?	If less than 100%, what portion is sprinklered, i.e. lobby, basement, etc.
Does this include:	Common Areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hallways? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Guest Rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are design plans available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler System Maintenance:	By Whom?		
On Contract Basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No;		
	How Often?		
When was the last inspection?			
Is a copy of report available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is a copy of contract available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does the Hotel/Motel have:	Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No;	Include all Common Areas? <input type="checkbox"/> Yes <input type="checkbox"/> No;
	All Hallways <input type="checkbox"/> Yes <input type="checkbox"/> No;	All Guest Rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Smoke Detectors:	Hard Wired? <input type="checkbox"/> Yes <input type="checkbox"/> No;	Battery Operated? <input type="checkbox"/> Yes <input type="checkbox"/> No;
	Both? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the hotel/motel have a back Up generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there Emergency Lighting?	In Common Areas? <input type="checkbox"/> Yes <input type="checkbox"/> No;	Corridors? <input type="checkbox"/> Yes <input type="checkbox"/> No;
	Stairwells? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all rooms have:	Flame resistive draperies and rugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Non skid surface in all tubs and showers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which locks are on the guest room doors?	<input type="checkbox"/> Chain Locks <input type="checkbox"/> Dead Bolts <input type="checkbox"/> Electronic Card Key Entry <input type="checkbox"/> Keyed	
Are there any in-Room cooking facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are fire extinguishers installed in rooms with cooking facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a laundry on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, is there a Formal Maintenance Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION V: PARKING/AUTO**

Number of Parking Spots:	Outside _____	Inside _____	Roof _____
Height & Clearance Clearly Marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Hotel/Motel responsible for Car Rentals?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Hotel/Motel own Vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "YES", number of: Private Passenger	Trucks _____	Buses _____	Vans _____ Other _____ (Describe below)
Are Vans used for: Airport Shuttle?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Vans used for Guest Transportation to Shopping?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Hotel/Motel provide Valet Parking Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Contractor or <input type="checkbox"/> Hotel Employees?		

**SECTION VI: SECURITY**

Are there Security Guards: <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, How many? _____	What Hours? _____
<input type="checkbox"/> Employees or <input type="checkbox"/> Contracted?	Are they Armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do Guards maintain a Log? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide below, any other remarks or impressions regarding the insured's security program, if applicable.		

**SECTION VII: LEISURE FACILITIES/ACCOMMODATIONS**

<b>Check those which are applicable:</b>						
<input type="checkbox"/> Golf	<input type="checkbox"/> Skiing	<input type="checkbox"/> Boating	<input type="checkbox"/> Beach	<input type="checkbox"/> Playground	<input type="checkbox"/> Tennis	<input type="checkbox"/> Sauna/Steam Room
<input type="checkbox"/> Marina	<input type="checkbox"/> Spa	<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Beauty Salon	<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Tanning Booths	
<input type="checkbox"/> Exercise Room	<input type="checkbox"/> Weight Room	<input type="checkbox"/> Gun Shooting	<input type="checkbox"/> Archery Activities	<input type="checkbox"/> Roller or Ice Skating Rink(s)		
<input type="checkbox"/> Sled/Toboggan	<input type="checkbox"/> Trampolines	<input type="checkbox"/> Water Slides	<input type="checkbox"/> Bicycle or Motorized Vehicle Rentals			
<input type="checkbox"/> Amusement Rides	<input type="checkbox"/> Mechanical Rides	<input type="checkbox"/> Manual Animal Rides	<input type="checkbox"/> Special Events: eg. Firework Displays			
Are there Health/Exercise Facility on the Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, is the facility properly monitored? (TV Monitor/Staff hourly check-in with log sign-in)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is access to this area restricted to hotel/motel guests only?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Any Outside Memberships sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are there any free weights?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there a "playground" on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is it Fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is it Soft Material?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Describe Types of Playground Equipment: _____						
If there is a Marina on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, does the insured carry MOLL?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Fuel supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there Fuel Pollution Liability insurance, in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Identify from above, facilities rented from outside sources: _____						
Do you offer massage therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, is it provided by an independent contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you obtain a certificate of insurance naming you as additional insured?	<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**