

**TPCI Supplemental - Hospitality**

Insured Name		Years of industry experience		Full time employees	
				Part time employees	
Security/Surveillance at Premises (check all that apply)				For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy?	
<input type="checkbox"/> Video Surveillance	<input type="checkbox"/> Security Service	<input type="checkbox"/> Employees	<input type="checkbox"/> Contractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> No Security or Surveillance	<input type="checkbox"/> Armed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A	
	<input type="checkbox"/> Unarmed	<input type="checkbox"/>	<input type="checkbox"/>		
Type of pets allowed, not including service animals (check all that apply):				Describe "other":	
<input type="checkbox"/> None	<input type="checkbox"/> Small Dogs (<20 lbs)	<input type="checkbox"/> Large Dogs (>=50 lbs)			
<input type="checkbox"/> Cats	<input type="checkbox"/> Medium Dogs (<50 lbs)	<input type="checkbox"/> Other			
Are any of the following operations present? (Check all that apply)					
<input type="checkbox"/> Hostel	<input type="checkbox"/> Time-Share	<input type="checkbox"/> Hourly Rental	<input type="checkbox"/> Long Term Stays	<input type="checkbox"/> Residential Facilities	
What was the average occupancy percentage for the last 12 months?		%	Are employees screened prior to employment?		<input type="checkbox"/> Yes
					<input type="checkbox"/> No

**Liability Information**

Check here if there is no cooking exposure (if checked, this section may be skipped)

Indicate any tabletop cooking:		<input type="checkbox"/> Cooking by guests	Describe height of cooking surface:		<input type="checkbox"/> Below table surface
<input type="checkbox"/> Cooking by employees		<input type="checkbox"/> None	<input type="checkbox"/> Flushed with table surface		<input type="checkbox"/> Above table surface
Are there any rotating service devices on tables or counters (Lazy Susan)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Any outside catering?		<input type="checkbox"/> No	Is there an outside patio use for serving?		<input type="checkbox"/> No
If yes, what is the revenue? \$			If yes, provide area: sq. feet		
<input type="checkbox"/> Check here if there are no liquor sales (if checked, this section may be skipped)					
Liquor Sales (at each locations)			Does the applicant require all alcohol servers to receive a formal Alcohol Training Course?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
When (latest hour, if varies) does the sale or serving of alcohol stop? AM / PM			Does the applicant have drinking games or offers of unlimited alcoholic beverages?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Check here if there is no vacant land (if checked, this section may be skipped)					
# of Acres		Is any land being used as hunting preserves or dude ranches?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain any plans for development of vacant land in the next two years:					
<input type="checkbox"/> Check here if there are no playgrounds (if checked, this section may be skipped)					
Number of Playgrounds:	Indicate type of equipment present (check all that apply)				
	<input type="checkbox"/> Teeter-Totters	<input type="checkbox"/> Climbers	<input type="checkbox"/> Slides	<input type="checkbox"/> Other moving or spinning equipment	
	<input type="checkbox"/> Merry-Go-Rounds	<input type="checkbox"/> Crawl Tubes	<input type="checkbox"/> Swings	<input type="checkbox"/> Other stationary equipment	
	<input type="checkbox"/> Jungle Gyms	Describe "other" equipment:			
What type of surface exists below the playground equipment?				Are playgrounds entirely enclosed or fenced in?	
<input type="checkbox"/> Rubber	<input type="checkbox"/> Sand	<input type="checkbox"/> Other soft surface		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Grass	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other Hard surface			
Does the risk have any ponds?		Is there a banquet facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		If yes, provide area: sq. feet			
Number of athletic courts (tennis, basketball, etc):			Number of swimming pools or spas:		
Does the risk have dock or pier?			Does the operation have facilities for children or senior care?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any railings (stairway, patio, deck, etc)?			If yes, are bars vertical and no more than 4 inches apart?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk have shared bathroom facilities?			Are all bathrooms and bathtubs equipped with non-slip surfaces or strips as well as grab bars?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the risk offer more than two free drinks per day?			In the event of lost or misplaced keys, are door locks and keys replaced or rekeyed immediately?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate guest room security measures as applicable:			Indicate guest room entry method:		
<input type="checkbox"/> Peep Holes	<input type="checkbox"/> Dead Bolts	<input type="checkbox"/> Metal Keys w/ Room #		<input type="checkbox"/> Electronic Key Cards	
<input type="checkbox"/> Door Chains	<input type="checkbox"/> Self-closing doors	<input type="checkbox"/> Metal Keys w/o Room #			

**Liability Information (Continued)**

*If there are no pools or spas, this section may be skipped*

Is the pool/spa completely fenced-in (5 ft min.) with a self-latching/closing gate and regularly cleaned/maintained by a third party contractor?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pool/spa compliant with all applicable requirements including available lifesaving equipment, clearly identified depth markers, and posted rules/warning signs regarding the use?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the pool/spa have a drain cover or anti-entrapment systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a roof top swimming pool/spa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a diving board or slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a pool/spa lift in compliance of Americans with Disability Act?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Check here if there are no exercise rooms (if checked, this section may be skipped)					
Number of exercise rooms:		Do exercise rooms have a controlled access point?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate all types of equipment present:				Describe any other	
<input type="checkbox"/> Stationary Bicycles	<input type="checkbox"/> Ellipticals	<input type="checkbox"/> Stairmasters	<input type="checkbox"/> Barbells weighing <= 30 lbs		
<input type="checkbox"/> Rowing Machines	<input type="checkbox"/> Treadmill	<input type="checkbox"/> Bench Press	<input type="checkbox"/> Barbells weighing > 30 lbs.		
Number of Saunas		Do saunas have a controlled access point?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the risk have window security bars?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they equipped with a functioning emergency quick release in sleeping quarters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is roof accessible by tenants/guests?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are ranges and ovens secured with an anti-tipping device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate any additional operations:			
<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Ski Slopes	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Babysitting
<input type="checkbox"/> Casino	<input type="checkbox"/> Beaches	<input type="checkbox"/> Kennels	<input type="checkbox"/> Other (provide area)
For Live Entertainment, provide detail:		For "Other", provide detail:	

**Property Information**

*Check here if there is no cooking exposure (if checked, this section may be skipped)*

Is the kitchen equipped with an automatic extinguishing system covering all cooking and ventilation equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the automatic extinguishing system UL-300/NFPA compliant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is extinguishing system including flue/duct cleaned/maintained by a third party?		<input type="checkbox"/> More frequently than monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than annually	
Is there a manual release for the ANSUL system in the path of exit from the cooking area and fire extinguishers compatible with the extinguishing agent of the hood and duct system?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For deep fat fryers, are there automatic thermostat controlled fuel shut off mechanism?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How often are the hood and filter cleaned?		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly or less frequently		

THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.

Producer's Signature		Producer's Name (Please Print)	
Applicant's Signature		Date	National Producer Number