

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	Security Service:		Employees	Contractors	
<input type="checkbox"/> No Security or Surveillance	Armed		<input type="checkbox"/>	<input type="checkbox"/>	
	Unarmed		<input type="checkbox"/>	<input type="checkbox"/>	
Type of pets allowed, not including service animals (check all that apply):					
<input type="checkbox"/> None	<input type="checkbox"/> Small Dogs (<20 lbs.)	<input type="checkbox"/> Large Dogs (>=50 lbs.)	Describe "other":		
<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?		Average Daily Rate: \$		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:		Cooking by guests		Describe height of cooking surface:	
<input type="checkbox"/>	Cooking by employees	<input type="checkbox"/>	None	<input type="checkbox"/>	Flush with table surface
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Below table surface
<input type="checkbox"/>		<input type="checkbox"/>		<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?		If yes, what is the revenue?		Is there an outside patio used for serving?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide area: sq. feet	

☐ **Check here if there are no liquor sales (if checked, this section may be skipped)**

Liquor Sales (at each location):		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?		Does the applicant have drinking games or offers of unlimited alcoholic beverages?	
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Yes <input type="checkbox"/> No	

☐ **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:		

☐ **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	Describe "other" 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?	If yes, provide area: sq. feet	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of athletic courts (tennis, basketball, etc):		Number of swimming pools or spas:	
Does the risk have a dock or pier?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the operation have facilities for children or senior care?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any railings (stairway, patio, deck, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are bars vertical and no more than four inches apart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk have shared bathroom facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Does the risk offer more than two free drinks per day?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
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)

☐ **Check here if there are no pools or spas (if checked, this section may be skipped)**

Is the pool/spa completely fenced-in (5 feet 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 with Americans with Disability Act?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ **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"/> Treadmills	<input type="checkbox"/> Bench Presses	<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
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"/> Beach	<input type="checkbox"/> Kennel	<input type="checkbox"/> Other
For Live Entertainment, provide detail:		If "other", provide detail:	
			Area (sq feet)

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, is there an 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 IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS 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:	
Applicant's Name (Please Print):			