

# HOTEL/MOTEL SUPPLEMENTAL APPLICATION

Name of Applicant: \_\_\_\_\_

Website: \_\_\_\_\_

Is the facility equipped with interior or exterior corridors? \_\_\_\_\_

Number of Employees: \_\_\_ Full-time \_\_\_ Part-time \_\_\_

How many employees are over age 60? \_\_\_\_\_ Their duties? \_\_\_\_\_

\_\_\_\_\_

Security provided on premises? Y/N \_\_\_\_\_ If yes to security, please provide details: \_\_\_\_\_

\_\_\_\_\_

Is access to lobby or building restricted at night? Y/N \_\_\_\_\_

Is there a restaurant on premises? Y/N \_\_\_\_\_ If so, please provide answers to the following:

Are non-slip shoes required for all employee's? Y/N \_\_\_\_\_

Describe the process by which the fryer oil is removed & taken to the grease traps \_\_\_\_\_

\_\_\_\_\_

Is Proper PPE required such as burn resistant gloves, chainmail gloves for cutting? Y/N \_\_\_\_\_

Is there a swimming pool on premises? Y/N \_\_\_\_\_ If so, who handles the chemicals for the pool?

\_\_\_\_\_

Are there any shuttle services provided? Y/N \_\_\_\_\_ Any drivers under the age of 21? Y/N \_\_\_\_\_

Are MVR's pulled? Y/N \_\_\_\_\_

Does the insured utilize a Return-to-Work Program? Y/N \_\_\_\_\_

If so, please provide the name of the Return-to-Work Coordinator \_\_\_\_\_

***Thank you for providing this important information***

\_\_\_\_\_  
Signature of Person Completing This Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed