



HOTEL WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION

Application/Policy# _____

Insured Name: _____ Federal ID #: _____
Effective Date: _____ Website: _____ Contact Email: _____
Agency: _____ Contact: _____

Payroll Data - Provide historical payroll data by class (for current and prior 4 years), or x-mod worksheet if available. Applicable only to policy years not insured by Republic Indemnity.

Class:	_____	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1st Prior Yr</u>	_____	_____	_____	_____	_____
<u>2nd Prior Yr</u>	_____	_____	_____	_____	_____
<u>3rd Prior Yr</u>	_____	_____	_____	_____	_____
<u>4th Prior Yr</u>	_____	_____	_____	_____	_____

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Please provide the number of employees on staff:

	<u>Part-time</u>	<u>Full-time (30 hrs +)</u>	<u>Ave wage/hr</u>	<u># of seasonal Employees</u>
Housekeeping:	_____	_____	_____	_____
Maintenance:	_____	_____	_____	_____
Front Desk:	_____	_____	_____	_____
Managers:	_____	_____	_____	_____
Drivers:	_____	_____	_____	_____
Bell Persons:	_____	_____	_____	_____
Restaurant:	_____	_____	_____	_____
_____:	_____	_____	_____	_____
(Other/Explain)	_____	_____	_____	_____

Operational Information

- # of W-2s in the last reporting year: _____
- Do you provide transportation for employees and/or guest: Yes No
Please explain (auto, bus, aircraft, water craft): _____
- Is lodging provided for employees? Yes No
- Do employees travel to and from the premises by
Watercraft: Yes No Explain: _____
Aircraft: Yes No Explain: _____
- Does the hotel provide transportation to and from the airport? Yes No
If yes, number of daily trips: _____ -and- type of vehicle: _____
MVRs checked: Yes No
- Does the hotel provide any of the following?
Sight Seeing Tours Bus Trips Other Group Transportation
If yes to any of the above, please describe: _____

7. Describe procedures for turning mattresses, including, the # of people involved, the frequency it is done, etc.: _____
8. Who provides maintenance? _____
9. Briefly describe the type of maintenance conducted: _____
10. Are major repairs and/or renovations preformed by employees or owners, such as demolition, new construction, external renovations, roofing, external painting? Yes No
11. Are elevators provided for housekeeping and personnel? Yes No
12. Are rates provided for other than daily accommodations? Yes No
13. Union Non-Union % of employees participating _____
14. **How many independent contractors are used?** _____
How many 1099 forms are issued to individuals? _____
How many 1099 forms are issued to companies/organizations? _____
If there are independent contractors, what kind of work do they perform? _____
Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No
15. Group Medical Provided: Yes No Name of Group Medical provider: _____
 Percent of participating employees _____% Percent of employer contribution _____%
 Paid Vacation: Yes No Paid Sick Leave: Yes No 401 K or Pension: Yes No
16. Safety Program: Yes No
 Safety meetings held for all employees: Yes No
 Personal protective safety equipment provided: Yes No
 Accident investigation program in place: Yes No
17. Hiring Practices
 Application: Yes No
 Check References: Yes No
18. Pre-employment physical: Yes No
19. Drug screening Program/ Random Drug testing: Yes No
20. Does insured offer modified work? Yes No If yes, provide details: _____
21. What is the maximum manual weight lifted? _____ What material handling aids are used: _____

If this hotel includes a restaurant, please answer the following questions:

1. Type of restaurant: _____
2. Hours of operation: _____
3. Catering or delivery provided: Yes No
4. Entertainment provided: Yes No If so, what type (describe): _____
5. What is the percent of liquor receipts verses food receipts? _____% Liquor vs. _____% Food

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/_____ _____	_____

If more than 3 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.

Wood Frame, including masonry veneer	Tilt-up concrete
Unreinforced masonry	Reinforced concrete
Reinforced masonry	Light gauge steel frame
Mobile home	Protected structural steel frame

Producer Authorized Signature _____ Date _____