

# CONCIERGE SUPPLEMENTAL APPLICATION

**Named Insured:** \_\_\_\_\_ **DBA:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_  
**Entity Type:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Effective Date:** \_\_\_\_\_ **Website:** \_\_\_\_\_ **# of Years in Business:** \_\_\_\_\_

**1. Operation:**  Hotel  Motel  Resort  Bed and Breakfast  
Number of Rooms: \_\_\_\_\_ Average Room Charge: \_\_\_\_\_ Average Occupancy Rate: \_\_\_\_\_ %

**2. National Affiliation?**  Yes  No If yes, with whom? \_\_\_\_\_

**3. Building information/protection:** Number of Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Year Built: \_\_\_\_\_ Building Value: \_\_\_\_\_ Business Income Limit: \_\_\_\_\_  
Business Personal Property Limit: \_\_\_\_\_  
 Central station fire alarm  Local fire alarm  Emergency Lighting  Sprinklered  Guest rooms have smoke detectors

**4. Annual gross sales for insured's and their concessionaires operations:**  
\$ \_\_\_\_\_ Room rental  
\$ \_\_\_\_\_ Convenience store  
\$ \_\_\_\_\_ Food from restaurant or lounge Number of restaurants: \_\_\_\_\_  
\$ \_\_\_\_\_ Liquor from restaurant or lounge Number of lounges or bars: \_\_\_\_\_  
\$ \_\_\_\_\_ Conferences and conventions  
\$ \_\_\_\_\_ Other (describe) \_\_\_\_\_  
\$ \_\_\_\_\_ **Total of above** \_\_\_\_\_

**5. Swimming Facilities:**  
 Indoor pool  
 Outdoor pool  In-ground Number of pools: \_\_\_\_\_  
 Bathing beach  Ocean beach  Lake/river beach Number of beaches: \_\_\_\_\_  
Swimming rules posted?  Yes  No Life-safety equipment available at pool side?  Yes  No  
Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access to roadways or parking area?  Yes  No

**6. Describe any additional recreational facilities operated by you or others on the premises:** \_\_\_\_\_

<b>7. Security:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Door keys are card keys for electronic locks.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Room doors have viewing devices (peep holes).	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Facility has CCTV for monitoring parking and entrances.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**8. Workers' Compensation:**  
Estimated Annual Payroll: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
\$ \_\_\_\_\_ 9079 / Restaurants – All Employees F/T: \_\_\_\_\_ P/T: \_\_\_\_\_  
\$ \_\_\_\_\_ 9050 / Hotels – All Employees F/T: \_\_\_\_\_ P/T: \_\_\_\_\_  
\$ \_\_\_\_\_ 8810 / Clerical F/T: \_\_\_\_\_ P/T: \_\_\_\_\_  
\$ \_\_\_\_\_ Other: Describe \_\_\_\_\_ F/T: \_\_\_\_\_ P/T: \_\_\_\_\_

**Officer Information (% of ownership needs to total 100%):**  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Included or Excluded? \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Included or Excluded? \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_ Included or Excluded? \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please complete and return to One Risk Group, LLC along with 4-years of currently valued loss runs.  
Fax to 925.226.7380 or Email to [lfischer@oneriskgroup.com](mailto:lfischer@oneriskgroup.com)

Insurance unlike anyone.

