



McGOWAN PROGRAM ADMINISTRATORS
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REAL ESTATE & HOSPITALITY UMBRELLA PROGRAM

Hospitality Supplemental Application

Applicant Name: _____

General Section

1. Please indicate whether any locations contain the following:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> NONE OF THESE OPTIONS APPLY | <input type="checkbox"/> Casinos |
| <input type="checkbox"/> Child or Day Cares | <input type="checkbox"/> Dance Floors |
| <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Night Clubs |

Please describe any selected answers: _____

2. Are any hotels rented as permanent residences or low-income housing? Yes No
3. Other than pools, fitness centers, or tennis courts, are there any recreational facilities or operations? Yes No
- If "yes," please describe: _____
4. Are background checks performed on all employees? Yes No
5. Are all hotel units equipped with smoke detectors (either hard-wired or battery-powered)? Yes No
- a. Are battery-powered smoke detectors checked annually to ensure proper functioning? Hard-Wired Only Yes No
6. Is entrance to the hotel area restricted to the lobby area after 11 p.m.? Yes No
7. Does the hotel management have at least two years of experience? Yes No
8. Do the hotels have scheduled pest control maintenance on a semi-annual basis? Yes No
9. Do all hotels comply with local, state, and federal sanitation regulations? Yes No

Pool Section

Not applicable—there are no pools.

1. Are all pool areas 100% fenced (or the functional equivalent thereof, as in four walls surrounding an indoor pool)? Yes No
2. Are all means of ingress and egress to the pool areas controlled by self-closing or self-latching gates or doors? Yes No
3. Are the aforementioned self-closing or self-latching mechanisms in good working order? Yes No
4. Are all doors or gates leading into the pool areas locked at night? Yes No
5. Do all pool areas contain "Swim at Your Own Risk" signs, depth markers, and posted rules/hours of operation? Yes No
6. Is the clarity of the pool water checked daily by an employee? Yes No
7. Are there any water features such as diving boards, slides, "lazy rivers," etc.? Yes No
8. Are members of the public permitted to use the pool or purchase pool memberships? Yes No
9. Are children permitted to swim in the pool unsupervised? Yes No
10. Can the pool area be directly accessed from any unit? Yes No
11. Do all pools contain anti-vortex drain covers in compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No

Restaurant & Bar Section

Not applicable—there is no restaurant or bar.

1. Are automatic sprinkler systems in place? Yes No
2. Are all employees TIPS (or equivalent) trained? Yes No
3. Are all cooking facilities in compliance with NFPA regulations? Yes No
4. If the restaurant or bar is operated by the applicant: N/A (Third Party)
 - a. Is the restaurant for use of hotel guests only? Yes No
 - b. If any large events are held on site, please advise: N/A
 - i. How many events are held per year? _____
 - ii. Who supplies the bartenders? _____
 - iii. What controls are in place? _____

Catering Section

Not applicable—there is no catering service.

1. Is the catering handled off-site? Yes No
2. If the catering service is operated by the applicant: N/A (Third Party)
 - a. What is the radius of the operations? _____
 - b. How many events are catered within one year? _____
 - c. What is the average size of events? _____
 - d. If other services are provided (e.g., tent rentals), please describe: _____ N/A
 - e. Is alcohol served? Yes No
 - i. If "yes," who is responsible for checking IDs and serving? _____

Valet Section

Not applicable—there is no valet service.

1. If the valet service is operated by the applicant, do they: N/A
 - a. Carry \$1MM in Garage Liability insurance? Yes No
 - b. Ever have vehicles in their care, custody, and control that are not owned by guests? Yes No
 - c. Perform background checks on valets and require that they do not have a criminal record? Yes No
 - d. Obtain MVRs annually for all valets? Yes No
 - e. Require that all valets have four points or fewer on their license? Yes No
 - f. Require that there are no points on the valets' licenses from DUI, drag racing, or reckless operation violations? Yes No

Please provide the following information regarding the underlying Garagekeepers Legal Liability policy:

Carrier: _____ Effective Dates: _____ Limit: \$ _____ MM Premium: \$ _____

2. If the valet service is operated by a third party, does the applicant obtain written contracts that: N/A
 - a. Contain hold harmless agreements? Yes No
 - b. Require "additional insured" status under said valet service's liability insurance? Yes No
 - c. Require certificates of insurance evidencing at least \$1MM in liability insurance? Yes No

Owned Vehicle Section

Not applicable—there are no owned vehicles.

1. Are MVRs obtained annually for all drivers? Yes No
2. Is there a formal fleet safety program in place? Yes No
3. Please complete:

Type	Number of Units	Description
PPT/Light		1-10,000 pound vehicles, including SUVs and pick-up trucks.
Medium		10,001-20,000 pound vehicles, including 1-14 passenger vans.
Heavy		20,001+ pound vehicles, including 15+ passenger vans.
Other		(Includes 20+ passenger busses and construction vehicles.) Please describe: _____

4. Please complete:

Vehicle Identification Number	Make/Model/Year	# of Passengers	Commercial License?	Describe Use (e.g., "service" or "transport")
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. For any transportation vehicles, please advise: N/A
- a. Are only hotel guests permitted to ride in the vehicles? Yes No
- b. Is annual preventative maintenance performed on the vehicles? Yes No
- c. What is the average number of trips per month? _____
- d. Please provide a brief description of driver hiring practices: _____
- e. Please describe scope of transportation (e.g., "three miles to airport"): _____

6. Please complete:

Driver Name	Date of Birth	Years Experience	State Licensed	License Number	Date of Hire

Signature: _____

Date: _____