HOSPITALITY BUSINESS (RESORT & MIXED-USE) SUPPLEMENTAL

Covers resorts, lodges, and mixed-use hospitality properties combining lodging with food and beverage, spa, recreation, or events. Also complete the specialist supplements listed in Section 2 for each operation checked. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS

BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

BRAND / MANAGEMENT COMPANY (IF ANY)	NUMBER OF PROPERTIES

2 OPERATIONS INVENTORY

OPERATION	REVENUE ($)	OPERATED BY APPLICANT OR THIRD PARTY

Operations and their specialist supplements: lodging (CWCO-SUP-LODG); restaurants and bars (CWCO-SUP-LIQ plus the FNB form); spa (CWCO-SUP-SPA); pools, hot tubs, and waterfront (Section 4 below); events and weddings (CWCO-SUP-EVENTVENUE); golf, ski, marina, or other recreation (the REC form).

GUEST ROOMS / UNITS	ACRES	PEAK GUESTS ON SITE	EMPLOYEES

2-1 Are any operations run by third-party concessionaires or leased operators? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 If yes to 2-1, do third-party operators carry their own insurance naming the applicant? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the property offer guided activities (tours, excursions, ski or water lessons)? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — COORDINATING MULTIPLE OPERATIONS

A resort's rooms, restaurants, bars, spa, pools, events, and activities each carry their own severity — trafficking suits against lodging, liquor claims, Legionella in hot tubs, crowd incidents at events — and gaps open where each policy assumes another responds.

3-1 Is there one written safety program covering every operation, with a named safety lead? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Are all staff trained to recognize and report human trafficking? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are alcohol service rules the same across every outlet (restaurants, bars, pool, events, room service)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Is there a single emergency plan covering evacuation, medical response, and severe weather for the whole property? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are incidents from every operation reported into one system and reviewed monthly? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Has the property had a serious injury, drowning, assault, or liquor claim in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — POOLS, HOT TUBS & WATERFRONT

4-1 Are pools and hot tubs tested and logged at least twice daily? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Is there a written Legionella water management program? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is every pool without a lifeguard posted as unguarded? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Is rescue equipment kept at every pool? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 If there is waterfront or watercraft, are life jackets required and rentals released? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — BUILDINGS & LIFE SAFETY

SYSTEM	YEAR LAST UPDATED	% UPDATED

Systems: roof; electrical; plumbing; HVAC / PTACs.

Adverse conditions present (check all that apply):

☐ Aluminum wiring ☐ Knob-and-tube wiring ☐ Federal Pacific / Stab-Lok panels ☐ Polybutylene plumbing ☐ None of these

5-1 Does every guest room have a working smoke alarm? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Does every guest room with fuel-burning appliances or near an attached garage have a carbon monoxide alarm? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Is there a central-station monitored fire alarm? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Are exits marked with illuminated signs and emergency lighting? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Are commercial kitchens protected by UL 300 hood suppression systems? ☐ Yes ☐ No
IF YES, EXPLAIN

5-6 Is there an annual service contract with a qualified sprinkler company? ☐ Yes ☐ No
IF YES, EXPLAIN

6 REVENUE & VALUES

TOTAL ANNUAL REVENUE ($)	ALCOHOL REVENUE ($)	TOTAL INSURED VALUES ($)

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT PROPERTY / GL CARRIER	LIQUOR LIABILITY CARRIER / LIMITS	UMBRELLA LIMIT

7-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

7-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No

IF YES, EXPLAIN

8 RISK MANAGEMENT

8-1 Are all operations' insurance requirements reviewed together at each renewal? ☐ Yes ☐ No

IF YES, EXPLAIN

8-2 Are contracts with vendors and activity providers reviewed for hold-harmless terms? ☐ Yes ☐ No

IF YES, EXPLAIN

9 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE