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**HOTEL THIRD PARTY LIABILITY**  
**PROPOSAL FORM**

**Please complete the following questions in full**

1. NAME OF HOTEL
  
2. ADDRESS AND LOCATION
  
3. DETAILS OF PARENT COMPANY / OWNERSHIP
  
4. WHEN WAS HOTEL CONSTRUCTED?
  
5. BRIEF DETAILS OF TYPE OF CONSTRUCTION – PLEASE ALSO PROVIDE DETAILS OF NUMBER OF STOREYS
  
6. NUMBER OF ROOMS
  
7. FULL DETAILS OF ESTIMATED REVENUE



8. APPROXIMATE PERCENTAGE OF US/CANADIAN NATIONALS PER ANNUM

9. FULL DETAILS OF FIRE PROTECTION INCLUDING :

a) DOES HOTEL HAVE SPRINKLERS ? **YES / NO**

IF "YES" FULL DETAILS

b) DOES HOTEL HAVE SMOKE DETECTORS ? **YES / NO**

IF "YES" FULL DETAILS

c) DOES THE HOTEL MEET FULL LOCAL FIRE PRECAUTION / EVACUATION REGULATIONS ?

**YES / NO**

d) DISTANCE FROM LOCAL FIRE STATION

10. PLEASE PROVIDE FULL DETAILS OF ALL THE HOTELS FACILITIES:



a) NUMBER OF RESTAURANTS

b) NUMBER OF BARS

c) NUMBER OF DISCOS / NIGHTCLUBS

d) FULL DETAILS OF LIVE ENTERTAINMENT (IF APPLICABLE)

e) NUMBER OF SWIMMING POOLS

f) DOES THE HOTEL HAVE ACCESS TO A BEACH IF "YES" IS BEACH PRIVATE OR PUBLIC YES / NO

g) DOES HOTEL PROVIDE THE FOLLOWING WATER SPORTS:

i)	SAILING	YES	/	NO
ii)	WATER SKIING	YES	/	NO
iii)	PARASCENDING	YES	/	NO
iv)	SCUBA DIVING	YES	/	NO
v)	WIND SURFING	YES	/	NO
vi)	JET SKIING / WET BIKES	YES	/	NO
vii)	BOAT HIRE	YES	/	NO



viii) OTHER

YES / NO

IF "YES" TO THE ABOVE ARE THESE ACTIVITIES CONTROLLED BY SUPERVISORS / INSTRUCTORS, QUALIFIED WHERE APPLICABLE?

ARE GUESTS REQUIRED TO SIGN A DISCLAIMER? YES / NO

FULL DETAILS:

11 FULL DETAILS OF HOTEL SAFEKEEPING FACILITIES INCLUDING:

a) NUMBER OF SAFE DEPOSIT BOXES

b) NUMBER OF ROOM SAFES

c) ARE GUESTS REQUIRED TO SIGN A DISCLAIMER YES / NO



12. EMPLOYEE TRAINING AND MINIMUM STANDARDS

IS THERE AN EMPLOYEE MANUAL AND EMPLOYEE TRAINING SETTING OUT MINIMUM STANDARDS REQUIRED      **YES**    /    **NO**

DOES THE TRAINING AND EMPLOYEE MANUAL INCLUDE MINIMUM STANDARDS EXPECTED FOR EMPLOYEE TO GUEST INTERACTION WITH PARTICULAR FOCUS ON SEXUAL HARASSMENT / MOLESTATION      **YES**    /    **NO**

DO EMPLOYEES SIGN AN ACCEPTANCE FORM TO CONFIRM THEY UNDERSTAND THE MINIMUM STANDARDS EXPECTED OF THEM AS SET OUT IN THE EMPLOYEE MANUAL      **YES**    /    **NO**

13. DOES HOTEL PROVIDE CAR PARKING FACILITIES      **YES**    /    **NO**  
IF "YES" FULL DETAILS

14. FULL DETAILS OF HOTEL SECURITY INCLUDING:

a) NUMBER OF SECURITY GUARDS

b) ARE SECURITY GUARDS ARMED

c) DETAILS OF HOURS OF SECURITY GUARD OPERATION



**d) DETAILS OF ANY OTHER SECURITY MEASURES UNDERTAKEN**

15. FULL DETAILS OF OTHER HOTEL SERVICES INCLUDING:

**a) LAUNDRY SERVICE**

**b) CAR RENTAL**

**c) TRANSPORTATION**

**d) EXCURSIONS / TOURS**

**e) BABY-SITTING / CHILDCARE**

**f) MEDICAL FACILITIES**                      **YES**    /    **NO**

IF "YES" FULL DETAILS

16. FULL DETAILS OF ALL HOTEL CONCESSIONAIRES INCLUDING ACTIVITIES AND OWN POLICIES HELD IF APPLICABLE.



17. PLEASE PROVIDE FULL DETAILS OF CLAIMS MADE AGAINST THE HOTEL FROM THE GROUND UP FOR THE PAST 5 YEARS. THESE DETAILS MUST INCLUDE DATE OF LOSS / AMOUNT OF LOSS / DETAILS OF LOSS AND SPLIT BETWEEN PAID AND OUTSTANDING

18. PLEASE PROVIDE FULL DETAILS OF CURRENT THIRD PARTY LIABILITY POLICY IN FORCE.



CARIBBEAN  
HOTEL & TOURISM  
ASSOCIATION



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**THE ASSURED HEREBY DECLARES THE ABOVE STATEMENTS ARE TRUE .  
THE ASSURED HAS NOT SURPASSED NOR MISSTATED ANY FACTS.  
IF ANY OF THE INFORMATION GIVEN BY THE ASSURED ALTERS BETWEEN THE DATE OF THIS PROPOSAL  
AND THE INCEPTION DATE OF THE INSURANCE TO WHICH THIS PROPOSAL RELATES, THE ASSURED  
WILL GIVE IMMEDIATE NOTICE THEREOF.  
THE ASSURED AGREE THAT THIS PROPOSAL SHALL BE THE BASIS OF THE CONTRACT BETWEEN THE  
ASSURED AND THE UNDERWRITERS.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**COMPLETION OF THIS PROPOSAL DOES NOT BIND THE ASSURED TO EFFECT INSURANCE.**