

# Hotel Motel Questionnaire

**Note: Incomplete/unsigned applications are not acceptable**

NAME		STREET	
CITY, STATE, ZIP			
YEAR BUILT	NUMBER OF BUILDINGS	NUMBER OF STORIES	NUMBER OF UNITS
SQUARE FOOTAGE	ANNUAL RECEIPTS \$		OCCUPANCY RATE %
CONSTRUCTION TYPE		SPRINKLERED %	
TYPE OF WIRING		IF ALUMINUM, UPDATED? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR UPDATED	
DESCRIBE PROPERTY MAINTENANCE/UPDATES/RENOVATIONS			
LIST SPECIAL HAZARDS (BOATS, DAY CARE, LAKES, HEALTH CLUB, & OTHER RECREATIONAL FACILITIES)			
<b>CHECK LIST</b>			
<b>1. NUMBER OF YEARS EXPERIENCE IN HOTEL/MOTEL MANAGEMENT</b>		<b>TOTAL</b>	<b>AT THIS LOCATION</b>
<b>2. SMOKE DETECTORS IN EACH UNIT?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	BATTERY? <input type="checkbox"/> HARDWIRED? <input type="checkbox"/>
<b>3. LIGHTED EXIT SIGNS?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4. NUMBER OF SWIMMING POOLS</b>			
<b>TOTALLY FENCED?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>SELF-CLOSING AND SELF-LATCHING GATES?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DIVING BOARDS/SLIDES?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ARE THERE ANTI-ENTRAPMENT GRATE COVERS OVER THE MAIN DRAINS?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>DESCRIBE RESCUE EQUIPMENT</b>			
<b>DESCRIBE POSTED RULES</b>			
<b>DESCRIBE POOL MAINTENANCE PROGRAM</b>			

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<b>5. CENTRAL STATION SECURITY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6. SECURITY CAMERAS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>7. PRIVATE SECURITY?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>8. ARE ALL EMPLOYEES SCREENED/BACKGROUND CHECKED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>9. NUMBER OF AIRPORT SHUTTLE VANS</b>		
<b>10. NUMBER OF VANS USED FOR SIGHTSEEING, LOCAL DESTINATIONS, ETC</b>		

FIVE YEAR LOSS RECAP						
LOB		2004	2003	2002	2001	2000
GL	#					
	\$					
AL	#					
	\$					

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMING CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES, NOT APPLICABLE IN CO, HI, OH, OK, IN, ME, AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

TITLE (OFFICER): \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_