
HOTEL / MOTEL QUESTIONNAIRE

Name of Applicant: _____

OPERATION

1. Number of rooms: _____ Avg. room charge _____ Avg. occupancy rate: _____%
2. Estimated gross receipts: \$ _____
3. Are any rooms rented by the: Day Week Month Other (describe): _____
4. Any apartment rentals? Yes No If yes, explain: _____
5. Any areas leased to others? Yes No
If yes, leased to who: _____ Operation: _____ Area: _____
6. National affiliation? Yes No
If yes, whom? _____
7. Does owner or manager live on premise? Yes No
8. Do we currently insure any other hotels for applicant? Yes No
If yes, give names and locations: _____

9. How often are deposits made? _____

ANNUAL GROSS SALES

Room rental:	\$ _____
Food from restaurant:	\$ _____
Convenience store:	\$ _____
Liquor from restaurant or lounge:	\$ _____
Conferences and conventions:	\$ _____
Health or swim club:	\$ _____
Other:	\$ _____ (describe): _____
Equipment rental: (snowmobiles, boats, skis, etc.)	\$ _____ Type of Equipment: _____
Total of above:	\$ _____

BUILDING INFORMATION

1. Number of stories: _____
2. Construction: _____
3. Protection: Central station fire alarm Local fire alarm Emergency lighting
 Standpipes and hose Sprinklered
 Guards Smoke detectors in guest rooms

OTHER OPERATIONS/EXPOSURES

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Baseball fields
<input type="checkbox"/> Sports courts (tennis, basketball, racquetball, volleyball, etc.)
<input type="checkbox"/> Boats
Type of boats: _____
<input type="checkbox"/> Boat docks or slips
<input type="checkbox"/> Lake
<input type="checkbox"/> Playgrounds
<input type="checkbox"/> Security Guards?
If yes, are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Number of independent contractors: _____
<input type="checkbox"/> Sauna or hot tubs?
<input type="checkbox"/> Spas?
<input type="checkbox"/> Swimming | Number of fields: _____
Total number of courts: _____
Number of boats: _____

Number: _____
Number of acres: _____
Number: _____
Number employed: _____

If yes, number: _____
Number of spas: _____

Number of pools: _____
Number of pools: _____
<input type="checkbox"/> Above-ground
Number of beaches: _____
<input type="checkbox"/> Lake/river

Number of diving boards: _____
Number of slides: _____
Number of rafts: _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- a. Are swimming rules posted? Yes No
- b. Is outdoor, in-ground pool fenced with a self-latching gate or surrounded by the building with no direct access to roadways or parking areas? Yes No
- c. Are life-safety equipment available at pool side? Yes No

Describe any additional recreational facilities operated by you or others on the premises:

SECURITY

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Are employees required to wear ID badges at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do room doors have viewing devices (peep holes)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do room doors have deadbolt locks and door chains? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Door keys are card keys for electronic locks. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do adjoining room doors have deadbolt locks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Sliding glass doors have security bars or poles within door tracks. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you release guests' names and room numbers to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do rooms contain security instructions for guests? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does facility have CCTV for monitoring parking and entrances? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicants signature: _____ Date: _____