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## HOTEL / MOTEL QUESTIONNAIRE

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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: _____
<b>Total of above:</b>	\$	_____

### 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<br><input type="checkbox"/> Sports courts (tennis, basketball, racquetball, volleyball, etc.)<br><input type="checkbox"/> Boats<br>Type of boats: _____<br><input type="checkbox"/> Boat docks or slips<br><input type="checkbox"/> Lake<br><input type="checkbox"/> Playgrounds<br><input type="checkbox"/> Security Guards?<br>If yes, are they armed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Number of independent contractors: _____<br><input type="checkbox"/> Sauna or hot tubs?<br><input type="checkbox"/> Spas?<br><input type="checkbox"/> Swimming | Number of fields: _____<br>Total number of courts: _____<br>Number of boats: _____<br><br>Number: _____<br>Number of acres: _____<br>Number: _____<br>Number employed: _____<br><br>If yes, number: _____<br>Number of spas: _____<br><br>Number of pools: _____<br>Number of pools: _____<br><input type="checkbox"/> Above-ground<br>Number of beaches: _____<br><input type="checkbox"/> Lake/river<br><br>Number of diving boards: _____<br>Number of slides: _____<br>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: \_\_\_\_\_