



HOTEL-MOTEL QUESTIONNAIRE

Applicant Name, DBA, including name of Motel/Hotel:

Agent/Producer:

Loc. # / Address:

Est. Annual Receipts:

Annual % of Occupancy:

Year Built:

_____ # of Stories: _____

Total Sq. Ft.:

_____ # of Units: _____

Total # of Buildings:

Distances between Building:

Name & Type of Heating System(s):

Type of Roof:

Is Roof Pitched or Flat?

Year Updated:

Roof: _____ Wiring: _____

Plumbing: _____ Heating: _____

Please answer each of the following questions and explain all "YES" responses in more detail in the Remarks section on the last page. (Attach separate sheet if necessary.)

- | | | | |
|---|-----|----|-------------------|
| 1) Are there any rooms without smoke detectors? | YES | NO | |
| 2) Are smoke detectors battery operated? | YES | NO | |
| 3) Does applicant provide room service? | YES | NO | |
| 4) Are there locks on guest room windows? | YES | NO | |
| 5) Does applicant have a liquor license? | YES | NO | |
| 6) Does applicant provide transportation for guests? | YES | NO | |
| 7) Does applicant provide shuttle services to other than guests? | YES | NO | |
| 8) Does applicant have any other operations at premises? | YES | NO | |
| 9) Do tub/shower floors have non-skid surfaces? | YES | NO | |
| 10) Do tub/shower doors contain safety glass? | YES | NO | |
| 11) Does applicant have a closed season? | YES | NO | |
| 12) Does applicant rent/lease property to others? | YES | NO | |
| 13) Does applicant provide bicycles for guest use? If so, provide # of bikes: | YES | NO | # of bikes? _____ |
| 14) Describe maintenance schedule for bicycles in detail: | | | |

- | | | |
|---|-----|----|
| 15) Any Kitchenettes with hot plate or gas/electric burners? If so provide # of each: | YES | NO |
| # of hot plates: _____ # of gas burners: _____ | | |
| # of elec. _____ | | |

- | | | |
|--|-----|----|
| 16) Do rooms with kitchenettes have fire extinguishers? | YES | NO |
| 17) Is property within 500 feet of river, lake or ocean? | YES | NO |

18) Type & number of other businesses on applicants premises?

19) Are there any exercise rooms on applicant premises? If so provide #: YES NO # of rooms? _____
 20) Describe exercise equipment maintenance program in effect:

21) Does applicant have any pools, saunas, hot tubs or steam rooms? If so provide # of each: YES NO
 # of pools : _____ # of Saunas: _____
 # of Hot tubs: _____ # of Steam Rooms: _____

22) Is pool depth clearly marked? YES NO
 23) Does the pool LACK fencing with self-closing, self-locking gates? YES NO
 24) Is there a diving board or water slide? YES NO
 25) Does applicant employ or contract lifeguards? YES NO
 26) Has applicant received any code violations in the past 3 years? YES NO
 27) Has applicant ever filed for bankruptcy protection? YES NO
 28) Do any walkways or shaded areas need repair? YES NO
 29) Is it difficult to find posted notices of evacuation routes in each room? YES NO
 30) Have there been any incidents resulting in police responses? YES NO
 31) Is there a child's playground and if so describe all equipment? YES NO

32) Are there any Monthly Rentals and if so state Annual Receipts? YES NO

33) Is there a Restaurant or Bar on the Premises? YES NO
 34) Is Restaurant/Bar owner operated? YES NO
 Is Restaurant Lessors' Risk Only? Provide square footage: YES NO Sq. Ft.: _____
 (Please submit details on the restaurant/bar, including type & information on liquor license, copies of certificates of insurance and additional insured endorsements for restaurant/bars leased to others.)

35) Is applicant in compliance with ADA (Americans with Disabilities Act)? YES NO
 a) Number of handicapped parking spaces? _____
 b) Compliant handicap signs? YES NO
 c) Compliant door to the office? YES NO
 d) Handicapped accessible route to office & guestroom? YES NO
 e) Number of rooms accessible to the handicapped and retrofitted with doors/bathroom to _____
 f) If swimming pool on premises has it been retrofitted to provide access? YES NO

36) Name Policy Numbers & Policy Term of Worker's Compensation coverage:

- 37) Are Non-Smoking rooms/areas provided as required by State Law? YES NO
- 38) Please describe in detail key/lock controls, including frequency for changing locks or lock codes on guestroom doors?

REMARKS:
(Please explain all "YES" responses in further detail below as required.)

PLEASE SUBMIT A FREE-HAND SKETCH OF EACH LOCATION, SHOWING DIMENSIONS & BUILDING SEPARATIONS.

Signature

Date