



HOTEL / MOTEL SUPPLEMENTAL APPLICATION

GENERAL INFORMATION

Applicant (named insured): _____

Location: _____ City _____ State _____

Year Built: _____ Stories: _____ Construction: _____ Number of Buildings: _____

Any additions/renovations made to original property? YES NO

If yes, please describe additions/renovations including year(s) completed: _____

Inspection Contact: _____ Phone: _____ Title: _____

Years Owned by Applicant: _____ Total Years Motel Ownership Experience: _____

Does Owner Personally Manage Motel? YES NO If no – describe management: _____

Franchise Operation: YES NO Franchise Affiliation: _____

Property Type: ___ Hotel ___ Motel ___ Motor Lodge, Motor Court, Motor Inn or Travel Lodge
 ___ Bed & Breakfast ___ Resort ___ Spa ___ Dude Ranch ___ Rooming/Boarding House

Service Type: ___ Full Service ___ Limited Service AAA Diamond Rating: _____

Extended Stay Rental Offered (2 weeks or more)? YES NO If Yes – maximum period offered: _____

Is Motel Seasonal? YES NO If Yes – Number of months open per year: _____

Room Access: ___ Inside Building ___ Outside Building

Room Entry System: ___ Metal Keys ___ Electronic Card Key ___ Other: _____

Room Amenities: ___ Kitchenette ___ Microwave ___ Mini-Bar ___ Whirlpool ___ Fireplace

Total Rooms: _____ Average Room Rate: \$ _____ per night Average Occupancy Rate: _____%

TOTAL ANNUAL RENTAL INCOME AND OCCUPANCY RATES:

| | <u>Full Prior Year</u> | <u>Estimated Current Year</u> | <u>Estimated Future Year</u> |
|------------------------|------------------------|-------------------------------|------------------------------|
| Rental Income: \$ | _____ | _____ | _____ |
| Occupancy Rate: _____% | _____% | _____% | _____% |

Please explain any major fluctuations (plus/minus 20%) in the rental income or occupancy rates over the last 3 years



HOTEL / MOTEL SUPPLEMENTAL APPLICATION - Continued

PROPERTY INFORMATION

MAIN PREMISES:

___ Sprinkler System ⇒ % of Total Area Protected by Sprinkler System - _____%

___ Fire Extinguishers ⇒ # of extinguishers ___ Current Tags ⇒ YES NO

Service Contract ⇒ YES NO

___ Smoke Detection System Covering All Hallways and Common Areas

Is the system connected to building fire alarm? YES NO

Fire Alarm ⇒ ___ Central Station ___ Local Gong ___ Other ⇒ _____

Are all smoke detection and fire alarm systems monitored? YES NO

Responding Fire Department: CITY COUNTY PRIVATE Department is ⇒ PAID VOLUNTEER

GUEST ROOMS:

___ Sprinkler System Type of Smoke Alarms ⇒ ___ Hard Wired ___ Battery ⇒ how often checked? _____

BUILDING INFORMATION:

Type of Heating: _____ Age: _____ Year Last Updated: _____

Type of A/C: _____ Age: _____ Year Last Updated: _____

Type of Wiring: _____ Age: _____ Year Last Updated: _____

Type of Roofing: _____ Age: _____ Year Last Updated: _____

Plumbing Age: _____ Year Last Updated: _____

Distance to Fire Hydrant: _____ Distance to Fire Station: _____

NOTE: If multiple buildings, please include a diagram of the premises including distance between buildings.

RESTAURANT:

Does the motel have a full service restaurant? YES NO

Restaurant operated by the applicant or leased to others? _____

Does the restaurant have an automatic extinguishing system covering ALL cooking surfaces? YES NO

Is the extinguishing system equipped with an automatic fuel shutoff switch? YES NO

Is the hood and duct cleaning on a service contract? YES NO Service Period: _____

Does the restaurant comply with NFPA 96? YES NO

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LIABILITY INFORMATION

LIFE SAFETY:

Does the motel complete background checks on all newly hired employees? YES NO

Are all guest rooms equipped with dead bolt locks? YES NO

Are all guest room exterior doors equipped with peepholes? YES NO

Are all parking lots, parking garages, exterior stairwells and exterior walkways well illuminated? YES NO

Are all doors except the main entrance locked at a certain time? YES NO

Does the applicant have full time security personnel? YES NO Are security personnel armed? YES NO

If Yes: Does applicant employ security personnel or is security contracted to others? _____

If Security is contracted, is security firm required to carry liability with at least \$1,000,000 limit? YES NO

RESTAURANT / BAR: Annual Food Sales: \$ _____ Annual Liquor Sales: \$ _____

Does the motel have a restaurant? YES NO If YES, is the restaurant full or limited service? _____

Is the restaurant operated by the applicant or leased to others? _____

If leased to others, is the applicant named as an additional insured on operator's GL policy? YES NO

Does the motel have a separate bar or lounge area? YES NO

Is the bar/lounge operated by the applicant or leased to others? _____

If leased to others, is the applicant named as an additional insured on operator's GL policy? YES NO

Does the bar offer promotional nights such as Happy Hour, Ladies Night, etc.? YES NO

Have all servers attended the TABC training program? YES NO

SWIMMING POOL: Is there a swimming pool on premises? YES NO

The pool is ⇒ INDOORS OUTDOORS

Does the pool have a diving board or slide? YES NO If yes – height _____

Is the pool fenced with a self – closing gate? YES NO If yes – fence height _____

Does the pool have depth markers, posted hours and gate locked after hours? YES NO

MISCELLANEOUS (check all that apply):

_____ Docks/Marina _____ Exercise Room _____ Health Club _____ Playground _____ Tanning Beds

_____ Tennis Courts _____ Volleyball Court Other (describe): _____

Applicant Signature: _____ **Title:** _____ **Date:** _____