HOTEL/MOTEL PROPERTY SUPPLEMENT

(All sections must be fully completed)

I. GENERAL INFORMATION

Eff Date ___/___/___ **Inspection Contact** _____ **Phone** (___)_____

Name _____

Location Address _____ **State** _____ **Zip** _____

Website address _____

Type Of Property (check one):

- [ ] Motel Only
- [ ] Hotel Only
- [ ] Motel / Restaurant
- [ ] Hotel / Restaurant
- [ ] Resort
- [ ] Other / Mixed Use

Business Structure (check one):

- [ ] Corporation
- [ ] Partnership
- [ ] Sole Proprietor
- [ ] Other

_____

Property Mgmt. Experience:

- v Years of Property Mgmt. Experience: _____
- v Years as Managing This Location: _____

Construction

- [ ] Frame / Brick Veneer
- [ ] Joisted Masonry
- [ ] Non Combustible
- [ ] Masonry Non Comb
- [ ] Modified Fire Res
- [ ] Fire Resistive
- [ ] Mixed (describe)

Protection

- [ ] Smoke Alarms
  - [ ] Hardwired
  - [ ] Battery
- [ ] Sprinkler System
  - [ ] 100% Sprinklered
  - [ ] Partial system
- [ ] Fire Alarm System
  - [ ] Central Station
  - [ ] Local Alarm
  - [ ] Pull Stations
- [ ] Fire Extinguishers
- [ ] Standpipes
- [ ] Watchman/Guard

Town Class _____

Distance to Fire Dept. _____ **miles**

[ ] Paid [ ] Volunteer

Values Bldg $_____ BPP $_____ BI/EE $_____

Description ☐ Urban ☐ Suburban ☐ Rural

- v **Year built** .. _____
- v **Type of Wiring (copper/aluminum/other):** _____
- v **Square footage:** _____ **Sq. Ft.**
- v **Number of buildings at location:** _____ **buildings**
- v **Minimum distance between structures:** . _____ **feet**
- v **Number of stories:** _____ **Stories**
- v **Measures taken to prevent ice damming?..** _____
- v **Is this a seasonal business?** _____
- v **Total Number of units:** . _____ **units**
- v **% of rooms in rentable condition?** … _____ **%**
- v **Do any units contain kitchenettes?..** .._____
- v **Is there a laundry facility on site?** ._____
- v **Any units rented for less than 24 hrs?..** _____
- v **Any units rented by week or month?..** .._____
- v **Range of rents per unit:** $_____ **to** $_____ **daily**
- v **Average annual occupancy rate** _____ **%**
- v **Restaurant type (family, sports, tavern, etc)** _____
- v **Is restaurant owned or operated by others?** _____
- v **Is there an Ansul System?** .. _____
- v **Is restaurant sprinklered?** … . _____
- v **Restaurant Square Footage?** _____ **Sq. Ft.**

Updates	**Year**	**Complete Renovation or Partial?**
☐ **Wiring**	_____	[ ] Complete [ ] Partial
☐ **Roofing**	_____	[ ] Complete [ ] Partial
☐ **Plumbing**	_____	[ ] Complete [ ] Partial
☐ **HVAC**	_____	[ ] Complete [ ] Partial
☐ **Other**	_____	_____

Signature _____

Date _____

Submission Checklist - Following Items Must Be Attached

- [ ] Loss runs w/ description
- [ ] Diagram / Plot Plan with distances between each building
- [ ] Signed ACORD Application