



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:

- ❖ Years of Property Mgmt. Experience: _____
- ❖ 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

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

Updates

Updates	Year	Complete Renovation or Partial?	
<input type="checkbox"/> Wiring	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Roofing	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> HVAC	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> 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