



Hotel / Motel Questionnaire

Named Insured: _____

Location: _____

Number of Units: _____ Total Number of buildings _____

Average rate of occupancy: _____ %

Average room rates: _____ per night

Type of guest: Daily _____% Weekly _____% Monthly or longer _____%

Annual Gross receipt by category:

Hotel / Motel \$ _____ Restaurant \$ _____

Retail Operations \$ _____ Bar \$ _____

Other describe \$ _____

Banquet Hall: Yes No Fitness Center: Yes No

Type of Equipments in Fitness Center: _____

Any pick-up or delivery of guest: Yes No

Number of stories: _____ Roof Type: _____

Heating system: Gas Electric

Number of rooms with kitchenettes: _____

Number of in-room Jacuzzis: _____

Swimming Pool, Sauna, or Jacuzzi on premises: Yes No

Pool fenced with self latching / self closing: Yes No

Height of the fence: _____ft Pool Depth Marked: Yes No

Depth of the pool: _____

Peepholes on all the doors: Yes No Adult Movies: Yes No

Non-skid strips in the bathtub/shower surface: Yes No

Tempered shower glass doors: Yes No

Smoke detector in all rooms: Yes No

Plate Glass : _____ linear feet

