



HOTEL/MOTEL SUPPLEMENTAL APPLICATION

Name of Applicant: _____

Location Address: _____

City: _____ State: _____ Zip: _____

Website: _____

GENERAL INFORMATION

Hotel Motel Tourist Courts/Cabins

Resort

Other (describe): _____

Any leased areas? Yes No

Leased to whom? _____

Operation: _____ Area: _____ sq. ft.

Number of rooms: _____ Number of stories: _____

Average occupancy rate: _____% Avg. room rate: _____

Construction: _____ Year built: _____

Updates: Roof _____ Electrical _____ Plumbing _____ Heating _____

Central station fire alarm Local fire alarm Emergency lighting

Guards Sprinklered

Standpipes and hose Guest rooms have smoke detectors and/or sprinklers

Updates: Roof Electrical Plumbing Heating

Cooking in room: Yes No

ANNUAL GROSS SALES

Food Sales: _____

Liquor Sales: _____

Room Rental: _____

Other (describe): _____

Total Sales: _____

PREMISES INFO

Swimming pool(s): Yes No How many: _____

Fenced: Yes No Rules Posted: Yes No

Self closing gates: Yes No Diving Board: Yes No

Life-safety equipment at pool side: Yes No

Saunas or spas: Yes No

List all other recreational activities with details: _____

SECURITY

of security guards employed: _____ # of subcontractors: _____

If subcontracted, are you an additional insured? _____ Armed: Yes No

Days of week: _____ Hours on duty: _____

Valet Parking: Yes No Is it provided by applicant or sub? _____

INCLUDE MAXIMUM NUMBER OF EMPLOYEES & CONTRACTED LABOR:

Employees: Armed _____ Unarmed _____ % Full Time _____

Off-Duty Police: Armed _____ Unarmed _____ % Full Time _____

Other Independent Contractors: Armed _____ Unarmed _____ % Full Time _____

Are background investigations and checks conducted on all employees who perform security duties? Yes No