



SPECIALTY PROPERTY HOTEL/MOTEL SUPPLEMENT

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
<input type="checkbox"/> Frame / Brick Veneer
<input type="checkbox"/> Joisted Masonry
<input type="checkbox"/> Non Combustible
<input type="checkbox"/> Masonry Non Comb
<input type="checkbox"/> Modified Fire Res
<input type="checkbox"/> Fire Resistive
<input type="checkbox"/> Mixed (describe) _____

PROTECTION
<input type="checkbox"/> Smoke Alarms
<input type="checkbox"/> Hardwired
<input type="checkbox"/> Battery
<input type="checkbox"/> Sprinkler System
<input type="checkbox"/> 100% Sprinklered
<input type="checkbox"/> Partial system
<input type="checkbox"/> Fire Alarm System
<input type="checkbox"/> Central Station
<input type="checkbox"/> Local Alarm
<input type="checkbox"/> Pull Stations
<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Standpipes
<input type="checkbox"/> Watchman/Guard
ISO Prot. Class _____
Distance to Fire Dept. _____ miles
<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Values Bldg \$ _____	BPP \$ _____	BI/EE \$ _____
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- ❖ Year built..... _____
- ❖ Type of Wiring (copper/aluminum/other): _____
- ❖ Type of Roof _____ : _____
- ❖ 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?.. _____
- ❖ 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	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 _____	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial

Have there ever been any prior water damage or mold related incidents? TM Yes, or TM No
 Details (attach separate sheet if additional space needed): _____

