



Quirk and Company

HotellMotell Bed & Breakfast Supplemental Application

Date _____
Insured: _____ Location: _____

GENERAL INFORMATION

#of stories: _____ construction _____ protection class _____
Year built _____ (if over 15 years old when were the following updates performed?)
Heating _____ Electrical _____ Plumbing _____ Roof _____
Are cooking facilities provided in rooms? _____
If yes, number of rooms: _____
Years in Business: _____ Years of Experience: _____
Any cooking done? Yes _____ No _____ if yes, describe: _____
Cooking controls : Ansul system? Yes _____ No _____
Service Agreement? Yes _____ No _____
Frequency of service & cleaning: Ansul _____ Hoods/Ducts _____

FIRE / LIFE SAFETY & SECURITY

Are there smoke detectors in all rooms? Yes _____ No _____
If yes, type (ie, hardwire or battery): _____
Is building Sprinklered? Yes _____ No _____
Are there fire extinguishers on premises? Yes _____ No _____
Is there a central station fire alarm? Yes _____ No _____
Does complex directly employ security guards? Yes _____ No _____ Armed? Y or N
If outside security guard service, are certificates of insurance required? Y or N

RECREATIONAL FACILITIES

Pools: Number of pools _____ Is pool area fenced from all units? Y or N
Self-locking gates? Y or N Does pool have depth markers? Y or N
Are rules posted? Y or N Is there lifesaving equipment in place? Y or N
Is there a lifeguard? Yor N (if not certified, submit)
Have a diving board? Yor N (if over 1 meter long, submit)
Have a sliding board? Y or N (if over 7 feet long, submit)
Describe playground equipment (i.e. Fenced, installed per specs., condition, etc.) _____
Describe any exercise facilities (i.e. Types of equipment & safety requirements) : _____
Describe rental equipment (boats, bikes, etc.): _____
Describe any outside recreation: _____
Is there any animal exposure? (i.e. Horseback riding) Y or N If yes please describe _____

RECEIPTS

Room rental receipts: _____ Food receipts: _____ Liquor receipts _____
Other _____

OTHER

Average occupancy: _____ Are any rooms rented for period less than 24 hours? Y or N
Any rental to students during spring break? Y or N
Describe all losses in the past 3 years : _____
Explain any prior incidents of sexual/physical assaults: _____
Has applicant ever been canceled or non-renewed in the past three years? Y or N
I hereby certify that all information is accurate to the best of my knowledge

Applicant Signature: _____ Date _____
Producer : _____ Date _____