

## Hotel/Motel Supplemental Questionnaire

(To be submitted with ACORD Applications)
7. Annual gross sales for insured's and their concessionaire operations:

| Operations | Annual Gross Sales | Additional Information |
| :--- | :--- | :--- |
| Room rental | $\$$ |  |
| Convenience store | $\$$ | Number of stores: |
| Food from restaurant | $\$$ | Number of restaurants or lounges: |
| Liquor from restaurant or lounge | $\$$ |  |
| Conferences and conventions | $\$$ | Nuximum occupancy for premises: |
| Health or swim club | $\$$ | Type of equipment: |
| Equipment rental (snowmobiles, <br> boats, skis, etc.) | $\$$ | Description of operations: |
| Other | $\$$ |  |

Total gross annual sales of above: \$
8. Restaurant / Lounge (Complete if restaurant is on premises)

1. Operated by Applicant?

| $\square$ Yes $\quad \square$ No |  |
| :--- | :--- |
| $\square$ Yes $\quad \square$ No |  |
| $\square$ Yes | $\square$ No |

If tenant, certificates of insurance on file?No
3. Type of restaurant:

|  |  |  |
| :--- | :---: | :---: |
|  | $\square$ Family | $\square$ Fine dining |
| 4. Business Days: From: | $\square$ Fast food | $\square$ Sports bar |
| 5. Food sales: $\$$ | am/pm to | am/pm |
| Cafeteria |  |  |

6. Catering or off premises food activities as percentage of total receipts: \$
7. Seating capacity: Dining Room: Bar:

Patio:
Total: \$
8. Cooking Equipment:
\# of deep fat fryers
\# of ranges
\# of broilers \# of ovens
\# of grills Other
9. Auto extinguishing system?
10. UL300 system?
11. Has required fuel shutoffs?
12. Covers all cooking and ventilation equipment?
13. Is Applicant compliant with both NFPA Standard \#96 and UL300 Standard?

14. Frequency of hood cleaning:
15. Frequency of duct work cleaning:
16. Professional hood and duct service firm used?

Name:
17. Refrigeration maintenance agreement in place?


Hotel/Motel Supplemental Questionnaire (To be submitted with ACORD Applications)


## Hotel/Motel Supplemental Questionnaire

(To be submitted with ACORD Applications)


DATE:

