INTERSTATE INSURANCE UNDERWRITERS INC.

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

[ ] Frame / Brick Veneer
[ ] Joisted Masonry
[ ] Non Combustible
[ ] Masonry Non Comb
[ ] Modified Fire Res
[ ] Fire Resistive
[ ] Mixed (describe)
_____

PROTECTION

[ ] Smoke Alarms
  [ ] Hardwired
  [ ] Battery
[ ] Sprinkler System
  [ ] 100% Sprinklered
  [ ] Partial system
[ ] Fire Alarm System
  [ ] Central Station
  [ ] Local Alarm
  [ ] Pull Stations
[ ] Fire Extinguishers
[ ] Standpipes
[ ] Watchman/Guard

ISO Prot. Class _____
Distance to Fire Dept.
_____miles
[ ] Paid [ ] Volunteer

Values Bldg $_____ BPP $_____ BI/EE $_____

- 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?	
☐ Wiring	_____	[ ] Complete	[ ] Partial
☐ Roofing	_____	[ ] Complete	[ ] Partial
☐ Plumbing	_____	[ ] Complete	[ ] Partial
☐ HVAC	_____	[ ] Complete	[ ] Partial
☐ Other_____	_____	[ ] Complete	[ ] Partial

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