Hull & Company

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# 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):** _____
_____
_____