



**Red Shield Insurance Company®**

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**HOTEL/MOTEL  
SUPPLEMENTAL QUESTIONNAIRE**

BUSINESS NAME:
APPLICANT'S NAME:
LOCATION OF PREMISES:
PURCHASE DATE: <span style="float:right">OWNER MANAGED?    YES    NO</span>
IF NO, DESCRIBE MANAGEMENT:
YEARS EXPERIENCE OF MANAGEMENT? <span style="float:right">TOTAL YEARS MOTEL EXPERIENCE?</span>
FRANCHISED? <input type="checkbox"/> YES <input type="checkbox"/> NO    FRANCHISE AFFILIATION:
ANY OTHER COMMERCIAL OCCUPANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DESCRIBE:

**A. GENERAL INFORMATION:**

<p><b>1. RENT BY MONTH?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO IF YES, %</p> <p><b>RENT BY WEEK?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO IF YES, %</p> <p><b>DOES PERIOD OF OCCUPANCY EVER EXCEED 30 DAYS?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>ANNUAL ROOM RENTAL RECEIPTS:</b> \$</p>	<p><b>TOTAL NUMBER OF UNITS:</b> #</p> <p><b>NUMBER OF BUILDINGS:</b> #</p> <p><b>AVERAGE OCCUPANCY RATE:</b> %</p> <p><b>IS MOTEL SEASONAL?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>IF YES, # OF MONTHS OPENED?</b></p>	<p><b># OF SMOKING ROOMS?</b></p> <p><b># OF KITCHENETTES?</b></p> <p><b>ROOM ACCESS:</b> <input type="checkbox"/> INTERIOR    <input type="checkbox"/> EXTERIOR</p> <p><b>IS MAID AND LINEN SERVICE PROVIDED DAILY OR EVERY TWO DAYS AS PART OF THE REGULARLY CHARGED COST OF OCCUPANCY?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>IS THERE A FORMAL PROCEDURE FOR HANDLING GUESTS' COMPLAINTS?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p><b>ARE THERE AGREEMENTS IN PLACE WITH HOUSING ORGANIZATIONS THAT THE BUSINESS PROVIDE TEMPORARY SHELTER?</b> <span style="float:right"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></p> <p><i>IF YES, PLEASE DESCRIBE:</i></p>		
<p><b>DOES THE THIRD PARTY REQUIRE TO BE NAMED AS AN ADDITIONAL INSURED?</b> <span style="float:right"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></p> <p><i>IF YES, PLEASE DESCRIBE ANY ADDITIONAL REQUIREMENTS:</i></p>		
<p><b>2. DOES APPLICANT HAVE ANY TAX LIENS, PAST DUE ACCOUNTS, OR PRIOR PENDING BANKRUPTCY?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO    IF YES, EXPLAIN:</p>		
<p><b>3. ANY OUTSTANDING INSURANCE COMPANY LOSS CONTROL RECOMMENDATIONS?</b> <span style="float:right"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></p>		
<p><b>4. LAST INSPECTION BY FIRE DEPARTMENT?</b></p> <p><b>ANY OUTSTANDING RECOMMENDATIONS?</b> <span style="float:right"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span></p>		
<p><b>5. PLEASE DESCRIBE ANY UNRESOLVED RECOMMENDATIONS FROM 3 OR 4 ABOVE:</b></p>		

6. ARE EMPLOYMENT REFERENCES CHECKED?  YES  NO  
 CREDIT CHECK?  YES  NO  
 CRIMINAL CHECK?  YES  NO
7. IS BACKGROUND CHECKED ON MANAGER?  YES  NO
8. HOW OFTEN DOES MANAGER/OWNER PHYSICALLY INSPECT MOTEL ROOMS?  
 DAILY  WEEKLY  OTHER (DESCRIBE):
9. FOR VACATION RENTALS, LIST ANY PLATFORM(S) THAT MANAGE APPLICANT'S RENTALS  
 (AIRBNB, VRBO, ETC):

**B. PROPERTY:**

1. WHEN WAS THE LAST TIME THE FOLLOWING WERE CHECKED (UPDATED) BY A QUALIFIED LICENSED PERSON?  
**Date Updated:**      **Describe Updates:**

<b>ROOF:</b>		
<b>SIDING:</b>		
<b>ELECTRIC:</b>		
<b>PLUMBING:</b>		
<b>WATER HEATERS:</b>		
<b>HEATING:</b>		
<b>BALCONIES:</b>		

2. BUILDING ELECTRICAL:  
 BRAND OF ELECTRICAL PANEL?  
 ARE KITCHEN, LAUNDRY & BATHROOM EQUIPPED WITH GFI RECEPTACLES?  YES  NO  
 CIRCUIT BREAKERS?  YES  NO      KNOB & TUBE WIRING?  YES  NO  
 ANY FUSES?  YES  NO  
 IF ALUMINUM, UPDATED?  YES  NO  
 DATE:  
 IF ALUMINUM, ARE RECEPTACLES & SWITCHES FIXED USING THE COPALUM CRIMP METHOD?  
 YES  NO

3. SMOKE ALARMS:  
 TYPE?  BATTERY      IF BATTERY, LONG-LIFE?  YES  NO  
 HARDWIRE      HOW OFTEN CHECKED?  
 WHERE LOCATED?  INTERIOR HALLWAY     COMMON AREAS     UNITS     BEDROOMS

4. CARBON MONOXIDE DETECTORS?  YES  NO     BATTERY     HARDWIRED  
 IF BATTERY, LONG-LIFE?  YES  NO

5. DO BUILDING COMMON AREAS HAVE FIRE EXTINGUISHERS?  YES  NO  
 DO UNITS HAVE FIRE EXTINGUISHERS?  YES  NO

6. IS THE BUILDING FULLY SPRINKLERED?  YES  NO  
 IF PARTIALLY SPRINKLERED, WHAT AREAS?  
 LAST INSPECTED?
7. IS SMOKING ALLOWED IN COMMON AREAS?  YES  NO  
 IS SMOKING ALLOWED IN UNITS?  YES  NO
8. WHAT IS THE PRIMARY SOURCE OF HEAT FOR THE BUILDING?  
 BOILER  GAS/OIL  CENTRAL HEAT  ELECTRIC BASEBOARD  OTHER  
 IF CENTRAL HEAT, FULLY OPERATIONAL IN ALL UNITS?  YES  NO
9. DO ANY UNITS HAVE FIREPLACES?  YES  NO IF YES, GAS OR WOOD?  
 IF WOOD, HOW OFTEN ARE CHIMNEYS SWEPT?
10. LAUNDRY FACILITIES?  YES  NO LOCKED?  YES  NO  
 HOW OFTEN INSPECTED?  
 HOW OFTEN ARE LINT TRAPS CLEANED?  DAILY  WEEKLY  MONTHLY  
 OTHER PLEASE DESCRIBE:  
 HOW OFTEN ARE DRYER VENTS CLEANED?  WEEKLY  MONTHLY  ANNUALLY  
 OTHER PLEASE DESCRIBE:
11. WHAT COOKING EQUIPMENT IS PROVIDED?  RANGE/OVEN  MICROWAVE  HOT PLATES

**C. LIABILITY:**

1. SWIMMING POOL? INDOOR:  YES  NO OUTDOOR:  YES  NO  
**IF YES, COMPLETE THE FOLLOWING:**  
 POOL FENCED?  YES  NO FENCE HEIGHT:  
 LOCKED GATE?  YES  NO GATE HEIGHT:  
 IS GATE SELF-CLOSING?  YES  NO DIVING BOARD?  YES  NO  
 HOW DEEP? FT DEPTH MARKED?  YES  NO  
 RULES POSTED?  YES  NO  
 IS LIFESAVING EQUIPMENT AVAILABLE?  YES  NO  
 HOT TUBS?  YES  NO SAUNAS?  YES  NO
2. DESCRIBE ANY OTHER RECREATION FACILITIES:
3. DESCRIBE ANY PERSONAL SERVICES PROVIDED:
4. DOES THE INSURED PROVIDE SHUTTLE SERVICES?  YES  NO  
 IF YES, PLEASE PROVIDE DETAILS:
5. ANY MOBILE HOME-TYPE TRAILERS IN USE?  YES  NO
6. ARE PETS ALLOWED?  YES  NO  
 IF YES, ANY EXCEPTIONS?
7. DO YOU PROVIDE ANY SERVICES SUCH AS GUIDES OR EQUIPMENT RENTALS?  YES  NO  
 IF YES, PLEASE DESCRIBE:

8. DISTANCE OF MOTEL TO ANY WATER SOURCES (I.E. OCEAN, RIVER, LAKE, ETC.)?
9. ANY UNUSUAL HAZARDS, EXPOSURES?  YES  NO  
*IF YES, PLEASE DESCRIBE:*
10. GIFT SHOP?  YES  NO  
*IF YES, SALES?*
11. RESTAURANT?  YES  NO  
*IF YES, PLEASE COMPLETE AND ATTACH OUR RESTAURANT QUESTIONNAIRE.*

**D. SECURITY/SAFETY/CRIME:**

1. ANY PRIVATE SECURITY?  YES  NO  
 IF YES, PLEASE DESCRIBE:  
 ARMED  UNARMED
2. IDENTIFICATION REQUIRED OF ALL GUESTS?  YES  NO
3. DO INDIVIDUAL UNIT DOORS HAVE DEADBOLTS?  YES  NO
4. PEEPHOLES?  YES  NO  
 IF NOT, IS A WINDOW LOCATED NEXT TO THE DOOR?  YES  NO
5. DO ALL SLIDING GLASS DOORS HAVE SECONDARY LOCKING DEVICES?  YES  NO
6. TYPE OF KEYS UTILIZED?  
 TRADITIONAL KEY  KEY CARD  VIA MOBILE DEVICE
7. IF TRADITIONAL KEY:  
 LOCKS RE-KEYED IF KEYS NOT RETURNED?  YES  NO  
 ROOM NUMBERS ON KEYS?  YES  NO  
 KEYS STAMPED, "DO NOT DUPLICATE"?  YES  NO  
 MASTER KEYS PROPERLY CONTROLLED?  YES  NO
8. EMERGENCY LIGHTING IN HALLS & STAIRWAYS?  
 HOW OFTEN TESTED?  YES  NO
9. ARE PARKING AREAS WELL-LIGHTED?  YES  NO
10. ARE SECURITY COMPLAINTS INVESTIGATED?  YES  NO
11. ARE EMPLOYEES PROPERLY TRAINED AND SUPERVISED FOR SECURITY?  YES  NO  
*IF YES:*  INTERNAL TRAINING  PROFESSIONAL TRAINING
12. IS THERE AN EMERGENCY EGRESS PLAN IN PLACE?  YES  NO  
 IF YES, PLEASE DESCRIBE:
13. NUMBER OF POLICE/FIRE RESPONSES IN THE PAST YEAR?
14. HAVE ANY GUESTS BEEN THE VICTIM OF A CRIME ON YOUR PREMISES IN THE PAST 3 YEARS?  
*IF YES, PLEASE DESCRIBE:*  YES  NO

**E. PEST CONTROL:**

1.	IS A PEST CONTROL ROUTINE OR A PROFESSIONAL SERVICE AGREEMENT IN PLACE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	ANY REPORTED INCIDENTS OF BED BUGS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	IS A BED BUG TRAINING AND RESPONSE PLAN IN PLACE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<i>IF YES, PLEASE DESCRIBE:</i>		

**APPLICABLE IN WA:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN OR:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATION THE LAW.

**COMPLETION OF THE APPLICATION DOES NOT BIND COVERAGE. THE COMPANY'S ACCEPTANCE OF THE RISK IS REQUIRED BEFORE COVERAGE MAY BE BOUND AND A POLICY ISSUED.**

**THE UNDERSIGNED PRODUCER AGREES TO BE RESPONSIBLE FOR ANY EARNED PREMIUMS DEVELOPED FROM THE BINDING OF THIS APPLICATION. PRODUCER HAS REVIEWED THIS APPLICATION FULLY WITH THE APPLICANT AND, TO THE BEST OF PRODUCER'S ABILITY, IS CONFIDENT THAT ALL INFORMATION GIVEN IS TRUTHFUL.**

**APPLICANT:** \_\_\_\_\_ **PRODUCER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

THIS FORM SHALL BE ATTACHED TO, AND MADE PART OF, THE **FULLY COMPLETED** ACORD APPLICATION BY THE APPLICANT.