

# Berkshire Hathaway Homestate Companies

## MOTELS

### SUPPLEMENTAL QUESTIONNAIRE

Insured Name: \_\_\_\_\_

1. Is Motel part of franchise?  Yes  No  
If yes, name of franchise? \_\_\_\_\_
2. How long have you owned this Motel? \_\_\_\_\_  
Do you have ownership in other motels?  Yes  No
3. Does manager have experience?  Yes  No  
If yes, how many years experience? \_\_\_\_\_  
Does manager live on premises?  Yes  No
4. Do guests use as a temporary residence?  Yes  No
5. How many total rented units? \_\_\_\_\_  
How many stories? (on back side of motel) \_\_\_\_\_
6. What is the occupancy rate? \_\_\_\_\_  
What is the average room rate? \_\_\_\_\_
7. Are there weekly rentals?  Yes  No  
Are there hourly rentals?  Yes  No
8. Is motel open year round?  Yes  No  
If not, is fire suppression system left on?  Yes  No
9. Are there multiple buildings?  Yes  No  
If yes, what is the distance between them? \_\_\_\_\_
10. What year was the property built? \_\_\_\_\_  
Have updates been made to the property?  Yes  No  
If yes, when were updates made? \_\_\_\_\_  
If yes, what parts were updated? \_\_\_\_\_
11. Is there a restaurant on site?  Yes  No  
If yes, do you operate the restaurant?  Yes  No  
Do rooms have kitchenettes?  Yes  No
12. Are there banquet / meeting facilities?  Yes  No
13. Is building fully sprinklered?  Yes  No  
Are there protective guards covering sprinkler heads in the motel rooms?  Yes  No  
Is there a central station alarm?  Yes  No  
Are smoke detectors in each unit?  Yes  No  
If yes, are smoke detectors hard-wired?  Yes  No  
If battery operated, describe the process and how often the batteries are checked.  
\_\_\_\_\_  
\_\_\_\_\_

14. Is a safe provided for guests' use?  Yes  No  
 Are notices posted in every room stating that the motel is not liable for the safekeeping of guests' property?  Yes  No  
 Are there security cameras?  Yes  No  
 Are there surge protectors?  Yes  No
15. Do entry doors have electronic locks?  Yes  No  
 Is building access limited to guests of the hotel with keys after a certain hour?  Yes  No  
 If yes, what time? \_\_\_\_\_  
 Are there exterior room entrances?  Yes  No
16. Is there a sauna on the premises?  Yes  No  
 Do faucets have scald control?  Yes  No  
 Are tubs equipped with non-slip surfaces?  Yes  No
17. Is there a swimming pool?  Yes  No  
 If yes what is the depth? \_\_\_\_\_  
 Is there a diving board or slide?  Yes  No  
 Is pool fenced with proper warnings posted?  Yes  No  
 Is pool visible from reception area?  Yes  No  
 Is pool surround by latching gate?  Yes  No
18. Are parking lots unpaved or sloped?  Yes  No  
 Are lots well lit and property maintained?  Yes  No
19. Is a shuttle service provided?  Yes  No  
 Is there a playground or fitness center?  Yes  No
20. Have there been any sexual assaults or physical altercations at this premise?  Yes  No  
 If yes, explain: \_\_\_\_\_

**Losses (list all losses in the last three years and any lawsuits regardless of time frame)**

Date	Line	Amount	Description of Loss