

# Motel

## SUPPLEMENTAL QUESTIONNAIRE

### APPLICANT INFORMATION

NAMED INSURED

SOCIAL SECURITY NUMBER

DATE

POLICY NUMBER

AGENCY

### SUPPLEMENTAL UNDERWRITING INFORMATION

1. Length of time under present ownership: \_\_\_\_\_

2. Operated by (check one) .....  Owner  Manager

3. Does the owner/manager live on premises?  
.....  YES  NO

4. The motel is (check one) .....  Seasonal  Full Time  
If seasonal, months closed: \_\_\_\_\_

5. Average percent of occupancy:  
Weekdays: \_\_\_\_\_ % Weekends \_\_\_\_\_ %

6. Average length of stay:  
Overnight \_\_\_\_\_ % Weekly \_\_\_\_\_ % Permanent \_\_\_\_\_ %

7. Does the motel have any of the following recreational facilities:
- a. Hot tub .....  YES  NO
  - b. Sauna .....  YES  NO
  - c. Steam room .....  YES  NO
  - d. Exercise room .....  YES  NO
  - e. Tennis courts .....  YES  NO

Describe any other recreational services available on premises:

8. Any recreational equipment rented .....  YES  NO  
If YES, please describe:

9. Heating in rooms (*check all that apply*):

- Electric  Fireplace  LPG
- Natural gas  Wood stove

10. Heating system is .....  Central  Individual room

11. Are bathtubs equipped with anti-slip surfaces?  
.....  YES  NO

12. Are there smoke detectors in each room?  
.....  YES  NO

13. Are carbon monoxide detectors provided on each floor?  
.....  YES  NO

14. Condition of parking lot and sidewalks:  
 Excellent  Good  Fair  Poor

15. Does the motel provide an airport shuttle service?  
.....  YES  NO

16. Is there a restaurant or a bar on the premises?  
.....  YES  NO

17. Comments:



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