



**HOTEL/MOTEL PDQ
SUPPLEMENTAL APPLICATION**

**Benchmark
MANAGEMENT GROUP, INC.**

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

Date: _____

Insured: _____ Location: _____

GENERAL INFORMATION

of stories: _____ Construction: _____ Protection Class: _____

Year Built: _____ (If over 15 years old, when were the following updates performed?)

Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____

Are cooking facilities provided in rooms? _____ yes _____ no

If yes, number of rooms: _____

Years in Business: _____ Years of Experience: _____

Any cooking done? Yes _____ No _____ If yes, describe: _____

Cooking controls: Ansel system? Yes _____ No _____

Service Agreement? Yes _____ No _____

Frequency of service & cleaning: Ansel _____ Hoods/Ducts _____

FIRE/LIFE SAFETY & SECURITY

Are there smoke detectors in all rooms? _____ yes _____ no

If yes, type (ie. hardwire or battery): _____

Is building sprinklered? _____ yes _____ no

Are there fire extinguishers on premises? _____ yes _____ no

Is there a central station fire alarm? _____ yes _____ no

Does complex directly employ security guards? _____ yes _____ no Armed? _____ yes _____ no

If outside security guard service, are certificates of insurance required? _____ yes _____ no

RECREATIONAL FACILITIES

Pools: Number of pools: _____ Is the pool area fenced from all units? _____ yes _____ no

Self-locking gates? _____ yes _____ no Does pool have depth markers? _____ yes _____ no

Are rules posted? _____ yes _____ no Is there lifesaving equipment in place? _____ yes _____ no

Is there a lifeguard? _____ yes _____ no (If not certified, submit)

Have a diving board? _____ yes _____ no (If over 1 meter long, submit)

Have a sliding board? _____ yes _____ no (If over 7 feet long, submit)

Describe playground equipment(i.e. fenced, installed per specs., condition, etc.): _____

Describe any exercise facilities(i.e. types of equipment & safety requirements): _____

Describe rental equipment (boats, bikes, etc.): _____

Describe any outside recreation: _____

RECEIPTS

Room rental receipts: _____ Food receipts: _____ Liquor receipts: _____

Other: _____ (Complete Restaurant Supplemental Application or verify COI's on file)

OTHER

Average occupancy: _____ Are any rooms rented for period less than 24 hours? _____ yes _____ no

Any rental to students during spring break? _____ yes _____ no

Describe all losses in the past 3 years: _____

Explain any prior incidents of sexual/physical assaults: _____

Has applicant ever been canceled or non-renewed in the past three years? _____ yes _____ no

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____