



CSS Insurance Services, Inc.

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License # 0C77416

HOTEL / MOTEL QUESTIONNAIRE

Named Insured: _____

Location: _____

Number of Units: _____ Total Number of buildings _____

Average rate of occupancy _____ %

Average room rates: _____ per night.

Type of guest: Daily _____ % Weekly _____ % monthly or longer _____ %

Annual Gross receipt by category:

Hotel/Motel \$ _____ Restaurant \$ _____

Retail Operations \$ _____ Bar \$ _____

Other describe \$ _____

Banquet Hall. Yes / No Fitness Center Yes/ No

Type of equipment in fitness center _____

Any pick-up or delivery of guest. Yes / No

Number of stories: _____. Roof type: _____

Heating system: Gas / Electric

Number of rooms with kitchenettes: _____.

Number of in-room Jacuzzis: _____.

Swimming pool, sauna, or Jacuzzi on premises. Yes / No

Pool fenced with self latching / self closing. Yes / No

Height of the fence: _____ Pool depth marked Yes / No

Depth of the pool _____

Peepholes on all the doors. Yes / No Adult Movies. Yes / No

Non-skid strips in the bathtub/shower surface. Yes / No

Tempered shower glass doors. Yes / No

Smoke detector in all rooms. Yes / No

Plate glass : _____ linear feet.
