

## Boutique Hotel Application

Hotel/ Group Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Completed By: \_\_\_\_\_ (Date) \_\_\_\_\_

Total Number of rooms \_\_\_\_\_ Number of stories \_\_\_\_\_ Building Age \_\_\_\_\_

Website Address \_\_\_\_\_

Please provide insight into this property by completing the following. Provide additional, sufficient details to permit accurate understanding of the operations.

<b>Management:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>
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- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Is there a "manager on duty" @ all times?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, are these individuals trained in emergency response procedures? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Which "best" describes the ongoing management of this property?  
(Choose all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Franchisee             |  |
| <input type="checkbox"/> Owner/Operator         |  |
| <input type="checkbox"/> Management Company run |  |
| <input type="checkbox"/> Other? _____           |  |

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. Is property "rated" by a recognized rating organization?<br>(ie; AAA, Mobil, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

    If yes, by whom? \_\_\_\_\_

    If yes, what is rating? \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 4. Are there "incident reports" available for the "manager on duty"? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 5. Is there a "Certificate of Insurance" program in effect for subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

    If yes, what "limits" are required? \$ \_\_\_\_\_

    (Describe any "exceptions" below)

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- |   |                          |                          |
|---|--------------------------|--------------------------|
| 6. Are owners, managers or supervisors prohibited from using their personal<br>autos in any course of the hotel's business? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

    If No, what is the estimated number of trips and average distance per trip on  
a monthly basis that they might use their own vehicle?

    Number of Trips \_\_\_\_\_ Average Distance (miles) \_\_\_\_\_

**Premises/Operations:****Yes****No**

7. Is there a “slip/fall” management program in place?
8. Is there an on-site maintenance staff?
- If no, describe how maintenance is handled under “comments”)
9. Do you provide “valet parking”?
- If yes, is this service subcontracted?

**Security/Safety:**

10. Is room door locking done by “keyless entry system”?
11. If keys are used, are keys coded with numbering “other” than room #?
12. If keys are **NOT** returned, are locks changed immediately?
13. Is staff trained **NOT** to verbalize room number?
14. Do room doors have:
- a) Self Closing/Self Locking devices?
  - b) Secondary locking devices?
  - c) Peepholes?
15. Are “all” windows proved with restricted opening devices?
16. Do rooms have balconies/patios?
- If yes, are all guardrail openings less than 4 inches?
- If yes, are first floor patio doors provided with anti-theft devices?
17. Do you have a trained and certified security staff?
- If yes, is this service subcontracted?
18. Do you have a courtesy patrol?
- If yes, is this service subcontracted?
19. Is access to property and/or hallways “restricted” after hours?
20. Do you use surveillance cameras?
- If yes, are the monitored and video taped?
- If yes, what areas of the property are subject to monitoring?

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**Amenities:**

21. Pools – Are they fenced with self-closing/latching gates?
22. Gyms – Are there any “free weights” available?

**Miscellaneous:**

23. Is there a formal Workers’ Compensation Safety program in effect?

Additional Comments: \_\_\_\_\_

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**Life Safety Information:**

**Yes**

**No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 24. Are all rooms equipped with smoke detectors?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is there a 24-hour central monitor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has compliance been met with all local building codes and with NAPA 101, life safety codes?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Fire Safety Messages – Where are the insider’s safety signs posted and what Information is included? _____                             |                          |                          |
| <hr/>  |                          |                          |
| 28. Are there sufficient and well illuminated fire exits and are all the stairways and other escape routes properly marked and maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are there enclosed stairwells or “fire towers” to provide smoke-free egress to ground floor or roof?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Is emergency lighting available and is there a back-up generator for elevators?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Are elevators programmed to return to and remain at lobby level as soon as a fire alarm sounds?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Sprinklers? If yes, percentage of building _____   | <input type="checkbox"/> | <input type="checkbox"/> |