



PREFERRED CONCEPTS LLC

HOSPITALITY SUPPLEMENTAL APPLICATION

1. Number of years of management experience:				
2.				

A	B	C	D	E	F	G	H	I	J	K	L
Loc #	Property Type:		Construction Type:								
Loc #	H(Hotel); M(Motel); B&B		F(Frame or Brick Veneer); B(Brick or	Bl dg		Smoke Alarms	Fire Detection				Annual
Master App	(Bed & Breakfast); O(Other)	# Bldgs	Brick/Distd); NQ(Masonry/Non- Combustible); FR(Fire Resisive)	Age	Sprinklers	Halls	Rooms	(central static	# Rooms	# Stories	Revenue
1											
2											
3											
4											
5											

a. Are there more than five locations?		Yes		No
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3. Risk Control:				
a. Do all locations over one story have at least two means of egress from each floor other than an elevator?		Yes		No
b. Do all locations have emergency lighting?		Yes		No
4. Total Annual Revenue:	\$			
a) % Rooms:		%		
b) % Restaurants & Banquets:		%		
c) % Alcohol:		%		
d) % Other:		%		
5. Operates as Disco, Night Club, or Comedy Club?		Yes		No
6. Cooking Exposure:				
a. Dry Chemical (ANSUL) System in Kitchen?		Yes		No
b. Is Flue/Duct Cleaning Service used?		Yes		No
If yes, how often?				
c. Automatic Fuel shut-off?		Yes		No
7. Is there live entertainment offered?		Yes		No
8. Do any of the following exposures exist; playground, mechanical amusement devices, watersports involving equipment, skiing, horseback riding, casino operations, health club or spa and/or other		Yes		No



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9. Major Vendors (elevators, cleaning, security, etc.):					
a.	Are there contracts with all major vendors indemnifying owner with insurance requirements for at least \$1,000,000?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b.	Are certificates obtained from vendors in accordance with contract?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10. Concessionaires:					
a.	Are there concessionaires?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11. Is there Child-Care available to guests?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No