

CrimeSHIELD Policy

HOTEL/MOTEL LOSS CONTROL QUESTIONNAIRE



NAME OF INSURED: _____
 ADDRESS: _____
 DATE: _____

A. CASHIERS		
1. Does each cashier have his/her own cash supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are there periodic surprise counts of cash drawers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. How do cashiers deposit daily receipts? <input type="checkbox"/> Sealed envelope <input type="checkbox"/> Deposit in safe containing a slot <input type="checkbox"/> Other		
4. Is a cash supply maintained for the purpose of cashing guests' checks?		
5. What is the average \$_____ maximum \$_____ amount of daily cash on hand for and from hotel operations?		
B. PROPERTY OF OTHERS.		
1. Do you accept the property of guests for safekeeping or storage? If Yes, a. Where is the property kept? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are receipts given to guests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant maintain safe deposit boxes? Number of boxes _____ a. If Yes, does each box require two keys to open?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If the guest holds one key, who holds the other? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the applicant provide individual safes in guest rooms? If Yes, a. Is each guest able to program his/her own combination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the applicant use electronic card keys that are re-coded for each guest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. OTHER OPERATIONS		
1. Does the applicant operate a restaurant or snack bar? If Yes, a. How often is food inventoried? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant operate a bar? If Yes, a. How often is liquor inventoried? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does the applicant operate a gift/sundries shop? If Yes, a. How often is stock inventoried? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the applicant operate a parking lot or garage? If Yes, a. What is the lot/garage attendant's maximum cash "bank"? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does the applicant operate other facilities such as a clothing store, jewelry store, beauty salon, etc.? If Yes, please specify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. SECURITY		
1. Does the applicant maintain a trained, professional security force? If Yes, a. Does the applicant use employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the applicant contract with a guard and patrol service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does physical security include surveillance of entrances, exits and parking lots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If applicable, are employees' lockers periodically inspected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are supply rooms kept securely locked with keys issued only to appropriate personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. PERSONNEL		
Please describe the applicant's process for screening prospective employees prior to hiring.		

Completed by: _____

Title: _____