

HOTEL QUESTIONNAIRE

To assist PMC in evaluating your financing proposal, we require the following information

HOTEL LOCATION

Property Name _____			
Physical Address _____	City _____	State _____	Zip _____
Nearby Highways _____	Exit# _____	Distance from property _____	
Street in front of property:			
Is the street one way? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many lanes? _____		
Direct access to hotel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Turning lane? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the speed limit? _____			
Hotel traffic:			
Local _____ %	Destination _____ %		
Transient _____ %	Tourist _____ %		
Any construction being performed on this road now or being planned in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, to what degree? _____			
Are there any drainage problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain _____			

HOTEL INFORMATION

Total number of rooms _____	Number of buildings _____	Number of stories _____
Number of Singles _____	Size of rooms _____	' x ' _____
Number of Kings _____	Size of rooms _____	' x ' _____
Numbers of Doubles _____	Size of rooms _____	' x ' _____
Number of Suites _____	Size of rooms _____	' x ' _____
Number of Handicapped _____	Size of rooms _____	' x ' _____
Number of weeklies _____	Weekly Rate _____	
Rooms out of service _____	(Attach list of repairs needed to reopen these rooms)	
ADR for the past 12 months (if applicable) \$ _____		Occupancy _____ %
History of the property for the past five years (franchise or independent) _____		
If the property is a franchise, what is the franchise term? _____		
Total square footage of the land? _____	Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, attach copy of lease.		
Was the building constructed prior to January 1, 1981? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the building been tested for Asbestos containing materials (ACM), lead-based paint, or lead in the drinking water?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Describe or attach ESA _____		
Are there any known or suspected environmental problems with the areas on the property? (i.e. asbestos or underground gasoline storage tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____		
Are any operational and maintenance plans (O&M plans) in effect for the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CONSTRUCTION

Exterior: Brick Concrete Block Prefab Stucco Other Year Constructed

Building 1					
Building 2					
Building 3					
Building 4					

Roofing: Shingle Metal Tile Flat Pitched Age of roof

Building 1					
Building 2					
Building 3					
Building 4					

Parking lot:

Concrete _____ Asphalt _____ Number of spaces _____
Describe condition _____

Interior: Interior corridor Exterior corridor Elevators

Building 1		<input type="checkbox"/> Yes <input type="checkbox"/> No
Building 2		<input type="checkbox"/> Yes <input type="checkbox"/> No
Building 3		<input type="checkbox"/> Yes <input type="checkbox"/> No
Building 4		<input type="checkbox"/> Yes <input type="checkbox"/> No

Number of meeting or banquet rooms _____ Description and capacity _____

Swimming pool Yes No Indoor/Outdoor Truck Parking Yes No
Restaurant Yes No If yes, is it Leased Closed Owner operated
Description and capacity _____ Terms _____

What is included _____

Lounge Yes No If yes, is it Leased Closed Owner operated
Description and capacity _____ Terms _____

What is included _____

Televisions

No. of units			
Brand name			
Age			
Remote	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

HVAC: Central _____ Individual units _____

No. of units			
Brand name			
Age			

Property Name/Location _____ Date _____

Bathroom description (i.e.: flooring, tubs, ceilings, etc.) _____

Reservation system description _____

Other computer system description _____

Telephone system description _____

Furniture/Fixtures description and condition _____

Age of furnishings? _____ Age of fixtures? _____

LEASES

If any of the following items are leased or to be leased in the next 12 months, mark below and attach copies of the leases.

Televisions _____ Reservation system _____

Telephones _____ Signs _____

Phone System _____ Furniture _____

Date and summary scope of last renovation _____

LOCATION

Competitors

	Name	Rooms	Property Age	ADR	Occupancy	Distance Away
1						
2						
3						
4						
5						
6						

If you are aware of any to-be-completed properties which will compete with this property Yes No

Restaurants:

	Name	Distance Away
1		
2		
3		
4		

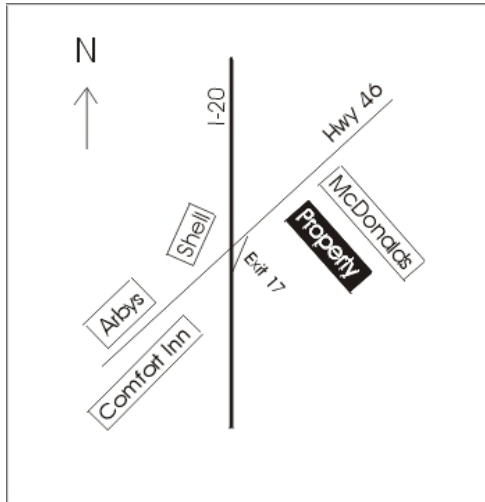
Gas Stations:

	Name	Distance Away
1		
2		
3		
4		

Describe in detail other businesses/traffic generators in the area _____

Are there any adult entertainment businesses nearby? _____ Yes _____ No
If yes, please detail

In detail, please draw a map of the area indicating property, nearby highways, competitors, access to property, etc. (see example)



ITEMS TO ATTACH

Pictures of the property including:

- | | |
|----------------------|---------------------------------------|
| 1 Outside- All sides | 6 Pool area |
| 2 Rooms- All types | 7 View on street facing across street |
| 3 Bath area | 8 View on street facing right |
| 4 Hallways | 9 View on street facing left |
| 5 Lobby | 10 View of property from highway |

Recent appraisals (if available)

Last franchise inspection report

Signature _____

Date _____