

Hospitality Renewal Supplemental Application

What was your occupancy rate over the last 6 months? _____ Last 3 months? _____

Has any section of your hotel been shut down/unoccupied in the last 3 months? Yes No

If yes, will the water systems be flushed prior to reopening to replace stagnant water with fresh water? Yes No

Was any scheduled maintenance disrupted during the period of shutdown/reduced operation, including but not limited to HVAC, water and fire suppression systems? Yes No

If yes, please explain: _____

Are you following either AHLA or similar local guidelines for COVID-19 cleaning and safety protocols? Yes No

Did you use or lease out your facility for any operations outside of your normal business activity over the last year? Yes No

If yes, please explain: _____

Are these unusual operations ongoing? Yes No

Have you entered into any agreements with a hospital or municipality to house emergency overflow patients? Yes No

If yes, please explain: _____

If you are operating a restaurant, are you currently offering delivery? Yes No N/A

If yes, who is performing the delivery (check all that apply):

Your employees Third-Party Delivery Service

If delivery is performed by your employees, are you verifying personal auto insurance coverage is in place and reviewing motor vehicle records prior to allowing them to deliver? Yes No