Phone: (973) 487-6956 **Fax**: (201) 215-0696
rfpsub@signaturetravelservices.com

2018 REQUEST FOR PROPOSAL

Thank you for your particiaption in the rate proposal process for the coming year. We will be in contact to discuss your proposed rates and how we can best serve you and your property in the coming year. Should you have any questions regarding the RFP process or Signature Travel Services®, please feel free to contact us at (973) 487-6956.

Airport Code _____ Date

Hotel Name _____ Star/ Diamond Rating _____

Street Address _____

City _____ State _____ Country _____ Zip Code _____

Phone _____ Fax _____ Country Code _____

General Manager _____ E-Mail _____

Director of Sales _____ E-Mail _____

Phone _____ Fax _____

Hotel website _____

Management Company _____ (If applicable)

HOTEL FIRE SAFETY AND SECURITY

Hotel Staffed ☐ or Contracted ☐ Duty Hours _____

Fire Detection/Smoke Alarms YES ☐ Sprinkler YES ☐ Voice YES ☐

In-Room Sprinkler Systems YES ☐ Fire Drills YES ☐ How Often _____

Notice Given to Guests YES ☐ How _____

Room Security – Deadbolt YES ☐ Steel Flap YES ☐ Chain YES ☐ Push Button YES ☐

Security Cameras in Hotel YES ☐ Cameras on Hotel Perimeter YES ☐

How Many Outside Entrances _____ What Time are they locked _____

Front Desk Manned _____hrs. NBR of People per shift _____

Hotel parking area secured YES ☐ What type of security _____

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HOTEL INFORMATION

NBR of Floors _____ NBR of Rooms _____ NBR of Smoking Rooms _____

Year Hotel was Built _____ Last date of Renovation _____

Extent of renovation? _____

_____

Upcoming renovations or work that may disrupt sleep/Date _____

_____

GUEST ROOMS

In Room Amenities:

Safe YES ☐ Hair Dryer YES ☐ Iron/Board YES ☐ Coffee Maker YES ☐ Wake Up Call YES ☐
Clock/Radio YES ☐ MP3 Dock YES ☐
2 Line Phone YES ☐ Voice Mail YES ☐ Modem YES ☐ AV Dock YES ☐

Free Internet Access YES ☐ If Not what is the Daily Cost _____

Desk/Chair YES ☐ Lounge Chair YES ☐ Sofa YES ☐ Sofa bed YES ☐
Refrigerator YES ☐ Microwave YES ☐ Blackout Curtains YES ☐
Room/Suite Equipped with full kitchen YES ☐ TV Style & Size _____
Heating YES ☐ *Individual Room Unit* YES ☐
A/C YES ☐ *Individual Room Unit* YES ☐
Bath Tub YES ☐ Shower YES ☐ Windows open YES ☐

Bed Sizes Avail. _____

Please describe the steps taken to ensure our clients are assured that their sleep is not disturbed

_____

_____

DINING OPTIONS

Number of Restaurant(s) on property _____

Restaurant(s) Names _____ Hours _____ Style _____

Restaurant(s) Names _____ Hours _____ Style _____

Lounge(s) _____ Hours _____ Style _____

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HOTEL DINING OPTIONS

Breakfast YES ☐ Style Offered: Cold Continental YES ☐ Full Hot Breakfast YES ☐

Comments: _____ Hours _____

Lunch YES ☐ Type _____ Hours _____

Dinner YES ☐ Type _____ Hours _____

Room Service YES ☐ Hours _____ Room Service Fee _____

Crew Discount YES ☐ Percentage _____ Including Room Service YES ☐

Other late night food options _____

RECREATION

Fitness Facilities Avail. YES ☐ Description of facilities _____

_____

Pool – Indoor YES ☐ Pool - Outdoor YES ☐ Hours _____

Jogging Trails or Safe Areas to Run _____

Other Sports Facilities on site or near by _____

_____

List Shopping, Restaurants and Entertainment within walking distance of the hotel _____

_____

BUSINESS CENTER

Business Center YES ☐ Hours _____ Operated by Hotel or Leased _____

List Business Center Equipment/services and any applicable costs for services _____

_____

HOTEL TRANSPORTATION

Airport Distance _____ Drive Time _____ Vehicle Type _____

Number of Vehicles _____ Shuttle Service Scheduled ☐ On Demand ☐

Operating Schedule _____ Shuttle Range _____miles

Alternate Transportation Provisions _____

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HOTEL AMENITIES INCLUSIVE OF SIGNATURE TRAVEL SERVICES RATE

Complimentary Breakfast YES ☐ Cold Continental YES ☐ Full Hot Breakfast YES ☐

Location _____ Avail. Hours _____

Complimentary Local/800/Calling Card YES ☐ ATM Available on property YES ☐

Complimentary Newspaper YES ☐ Guest Room YES ☐ Lobby YES ☐ Both YES ☐

Complimentary Concierge/Club Lounge Access YES ☐ Hours _____

Managers Reception YES ☐ Hours/Location _____

Crew Lounge YES ☐ Complimentary Beverages and Light Snacks YES ☐

Complimentary Internet Access YES ☐ Wi-Fi ☐ Hard Wired ☐ Cost _____

Complimentary Parking YES ☐ Service Hours _____ Cost _____

Complimentary Transportation YES ☐ Shuttle Service Scheduled ☐ On Demand ☐

Operating Schedule _____ Shuttle Range _____miles

Pick up/Drop off locations _____

Laundry Facilities YES ☐ Hours _____ Approx. Cost _____

Dry Cleaning YES ☐ Hours _____

HOTEL STAFF TRAINING PROGRAMS

Briefly Review staff training programs related to customer service _____

_____

RATE PROPOSAL

Will Signature Travel Services agreed upon rates be loaded as a **CONFIDENTIAL** rate for exclusive viewership via the GDS Sabre platform, accessible **ONLY** by Signature Travel's booking agents? YES ☐ NO ☐

Remarks _____

Name of person responsible for rate loading _____

E-Mail _____ Ph# _____

Authorized personnel for reservation adjustments _____

E-Mail _____ Ph# _____

Name of person for invoice payment questions _____

E-Mail _____ Ph# _____

Once accepted as a participant in the hotel program, will rates be loaded within 7 days? YES ☐ NO ☐

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Proposed Rate Tiers:

$_____ For 2018 (10% commissionable) *Requisites:* _____

$_____ For 2018 (10% commissionable) *Requisites:* _____

$_____ For 2018 (10% commissionable) *Requisites:* _____

Reservation cancelation policy: _____

Are there any aviation companies that have a lower rate with your hotel? YES ☐ NO ☐

Is the rate you are offering lower than your standard aviation rate? YES ☐ NO ☐

Best available rates (weekday & weekend) offered via internet, GDS or other source $_____

$_____

Tax % _____ _____ _____

State City Other

Room type(s) rate is based upon _____

Last room availability Yes ☐ No ☐

Upgrade to best possible room upon availability Yes ☐ _____

Any other service charges_____

Any additional value added incentives that you would like to provide clients or have us inform potential guests of when they are considering your property.

_____

_____

_____

The undersigned is stating that they are authorized to submit this contract on behalf of the above detailed hotel. All rates are guaranteed valid for 2018.

Hotel Signature/Guarantor

PRINT NAME _____

TITLE _____

SIGNATURE /S/ _____ DATE

The following format serve as an electronic signature: **/S/***followed by name* e.g.: **/S/John Doe**

Print RFP

Submit