



APARTMENT SUPPLEMENTAL QUESTIONNAIRE

(Complete in addition to ACORD application)

IFG Companies

Insured: _____
Location: _____

GENERAL INFORMATION

Of stories: _____ # of Units: _____ Construction: _____ # of Units Vacant: _____
Year Built: _____ If over 15 years old, when were the following updates performed?
Heating: _____ Electrical: _____ Plumbing: _____ Roof: _____
Are cooking facilities provided in rooms? Yes No If yes, number of rooms: _____
Number of years the facility owned by the insured: _____ Does owner/manager live on premises? Yes No
Crime rating of the Zip Code covering the location (use www.bestplaces.net/crime/): _____

FIRE/LIFE SAFETY & SECURITY:

Are there heat and smoke detectors in all rooms? Yes No If yes, type: _____
Are there fire extinguishers on premises? Yes No
Is there a central station fire alarm? Yes No
Are hallways and stairwells open or closed? Number of exits: _____
Are sliding doors equipped with additional locks? Yes No
Are there dead bolts on individual unit entry doors? Yes No
Do individual unit doors have with wide angle one-way peep holes? Yes No
Do you change individual unit door locks immediately upon termination of a lease or eviction of a tenant? Yes No
Are there fences surrounding the property? Yes No
Does complex directly employ security guards? Yes No Armed? Yes No
If outside security guard service, are certificates of insurance required? Yes No
Periodic, unscheduled patrols of the parking area, entrances and hallways of all buildings by staff? Yes No
Have you had any Assault or Battery incidents within the past 3 years at this location(s) to be insured, or any other location owned or managed by, or in which you have an ownership interest? This would include any police calls to the premises Yes No
If the answer to the above question is yes, please advise the location address; month/year the incident occurred; and the nature of the incident and injuries: _____

RECREATIONAL FACILITIES

Pools: Number of pools: _____
Self-locking gates? Yes No Is the pool area fenced from all units? Yes No
Are rules posted? Yes No Does pool have depth markers? Yes No
Is there a lifeguard? Yes No Is there lifesaving equipment in place? Yes No
Have a diving board? Yes No (If not certified, submit)
Have a sliding board? Yes No (If over 1 meter long, submit)
(If yes, this risk is prohibited)

Describe playground equipment (i.e. fenced, installed per specs. condition, etc.): _____
Describe any exercise facilities (i.e. types of equipment & safety requirements): _____
Describe any outside recreation (e.g., tennis/handball courts, boating, horseback riding, etc.): _____

OTHER

Average rent: 1br: _____ 2br: _____ 3br: _____ Minimum lease term: _____
Square Footage: 1br: _____ 2br: _____ 3br: _____ Other: _____
Number of HUD units: _____ % Rented to Students: _____ % Elderly: _____ %
Hourly or Daily Rentals? Yes No If yes, describe: _____
Does lease/rental agreement make any warranty with regard to security? Yes No
Are leasing agents/employees instructed to advise tenants/prospective tenants to call 911 in case of emergency?
 Yes No
Describe all losses in the past 3 years: _____
Explain any prior incidents of sexual/physical assaults: _____
Has applicant ever been canceled or non-renewed in the past three years? Yes No

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant Signature: _____ Date: _____

Producer: _____

Date: _____