



IFG Companies®

HABITATIONAL SUPPLEMENTAL QUESTIONNAIRE

Apartments, Apartment - Hotels, Hotels and Motels

(Complete in addition to ACORD application)

Insured: _____

Location: _____

GENERAL INFORMATION

Of stories: ____ \$ Annual Receipts _____ # of Units: ____ Construction: _____ # of Units Vacant: _____

Year Built: _____ If over 20 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: _____

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: _____ Is the pool area fenced from all units? Yes No

Self-locking gates? Yes No

Does pool have depth markers? Yes No

Are rules posted? Yes No

Is there lifesaving equipment in place? Yes No

Is there a lifeguard? Yes No

(If not certified, submit)

Have a diving board? Yes No

(If over 1 meter long, submit)

Have a sliding board? Yes No

(If yes, this risk is prohibited)

In compliance with any federal, state or local regulations regarding pools or spas, including drain safety? Yes No

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: Total _____ 1br: _____ 2br: _____ 3br: _____ Other: _____

Number of HUD units _____ % Rented to Students _____ % Elderly: _____ %

% of units with leases _____ % of units daily rental _____

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

Are bathrooms located in each unit? Yes No

Is Maid Service provided? 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

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: A.C.A. § 23-66-503

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

COLORADO: C.R.S. 10-1-128

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY

DISTRICT OF COLUMBIA: D.C. Code § 22-3225.09

"WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA: Fla. Stat. § 817.234

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

KENTUCKY: KRS § 304.47-030

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

LOUISIANA: La. R.S. 40:1424

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON "

MAINE: 24-A M.R.S. § 2186

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NEW JERSEY: N.J. Stat. § 17:33A-6

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO: N.M. Stat. Ann. § 59A-16C-8

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES "

OHIO: ORC Ann. 3999.21

"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

OREGON: Bulletin INS 98-5

"ANY PERSON WHO, WITH AN INTENT TO KNOWINGLY DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT THAT IS MATERIAL TO THE RISK OR CLAIM MAY BE GUILTY OF INSURANCE FRAUD."

OREGON Bulletin 98-5 ANY PERSON, WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION FOR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

PENNSYLVANIA: 18 Pa.C.S. § 4117(K)(1)

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RHODE ISLAND R.I. Gen. Laws § 27-54-8 – DISCLOSURE OF ARSON CONVICTION. (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES.

TENNESSEE- Tenn. Code Ann. § 56-53-111(b)(1)(A); **VIRGINIA** - Va. Code Ann. § 52-40; **WASHINGTON**- Rev. Code Wash. (ARCW) § 48.135.080.

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

MARYLAND - Md. INSURANCE Code Ann. § 27-805; **RHODE ISLAND** - R.I. Gen. Laws § 27-29-13.3; **WEST VIRGINIA** - W. Va. Code § 33-41-3.

WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

OTHER STATES: WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK: NY CLS Ins § 403

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email