



Lessor's Risk Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

WEBSITE ADDRESS _____

Please note: a supplemental questionnaire must be completed for each premises making up the lessor risk policy.

UNDERWRITING INFORMATION

Premises Location Questions

1. Premises #: _____ Building #: _____
2. Street Address: _____

3. Has the Agent physically seen this risk and recommends it. Yes No
8. Are certificates of insurance required and collected from tenants? Yes No
9. Are tenant limits required to carry limits equal to or greater than insured? Yes No
10. Is the insured named additional insured on tenant policies? Yes No
11. Are hold harmless agreements in place with tenants for the insured? Yes No

Operational Information Questions

4. Building management
 - a. Employees:
 - b. Professional Property Management Firm:
5. If managed by professional property management form, is applicant named additional insured on the property manager policy? Yes No
 - a. Name of Property management Firm _____
6. Please list all tenants of the building or attach a tenant listings: _____

7. Is the landlord/ tenant agreement a triple net lease? Yes No
12. Are smoke detectors in each unit? Yes No
 - a. Are they: hard wired or battery detectors?
 - b. How often are they checked?
13. Is emergency lighting installed? Yes No
14. Is there an elevator? Yes No
 - a. Number of elevators: _____
 - b. Is there an elevator maintenance agreement in effect naming insured as additional insured with a hold harmless agreement? Yes No
15. Is security provided? Yes No
 - a. If yes, what type? Guard/Watchmen Camera
16. If security guards/watchmen are present, are the guards:
 - a. Armed Un-armed
 - b. Employees Security Service Contractors Off Duty Police Officers



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17. If the security guards/ watchmen are from a security service:
- a. Are certificates of insurance obtained? Yes No
 - b. Is the insured named additional insured with a hold harmless agreement?..... Yes No
 - c. Have there been any incidents of physical or sexual assault by security? Yes No
- If yes, please explain: _____

20. Parking area material:
- a. Asphalt
 - b. Cement
 - c. Gravel
 - d. Other
21. Is a parking area maintenance/ inspection process in place? Yes No
22. Is parking area maintenance completed by:
 employees subcontractors
23. If the parking area maintenance completed by subcontractors: _____
- a. Are certificates of insurance obtained? Yes No
 - b. Is the insured named additional insured with a hold harmless agreement? Yes No

Parking Area Questions:

18. Parking area square footage: _____
19. Parking area updates: _____

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on me and/ or my business.

Owner or Officer's Name	Agent's Name	
Title	Agent's Signature	Date
Owner or Officer's Signature	Date	Expiring policy number, if applicable

