

# Lessor's Risk Supplemental Questionnaire

IMPORTANT NOTICE: This questionnaire is an integral part of the application. Please ask for clarification if you do not understand a question. If a policy is issued, the answers in the questionnaire are considered warranties by you, in consideration for United Fire Group providing general liability insurance and workers compensation. Each answer is material to the decision of United Fire Group whether to provide the insurance. Your failure to provide a complete and accurate answer to any question may result in rescission of the entire policy, which means the **policy could be void from inception** and you may not be covered.

Named Insured \_\_\_\_\_  
Social Security # \_\_\_\_\_ FEIN \_\_\_\_\_  
Web Address \_\_\_\_\_

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

### Premises Location Questions

1. Premises #: \_\_\_\_\_ Building #: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Has the Agent physically seen this risk and recommends it. ....  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

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

### Premises Questions:

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 understand that United Fire Group may rescind coverage if I have not provided accurate and complete information in this questionnaire. 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



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