



**IOWA MUTUAL INSURANCE COMPANY**  
*Built on Relationships, Dedicated to Service*

P.O. Box 290 De Witt, Iowa 52742-0290  
(563) 659-3231

**SUPPLEMENTAL APARTMENT HOUSE QUESTIONNAIRE**

**Insured Name** \_\_\_\_\_  
**Policy Number** \_\_\_\_\_  
**Street Address of Insured Premises** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**MANAGEMENT**

Property Managed by Owner?  Yes  No Management Co?  Yes  No Other \_\_\_\_\_  
Length of time current ownership/management \_\_\_\_\_  
On-site management:  Yes  No  
Contact person for inspection purposes \_\_\_\_\_  
Telephone number \_\_\_\_\_

**OCCUPANCY**

Total number of apartment units \_\_\_\_\_  
Rental Rates Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
Average Vacancy Rate \_\_\_\_\_ Percentage of Undergraduate housing \_\_\_\_\_  
Percentage of subsidized housing \_\_\_\_\_ Type of subsidy \_\_\_\_\_

**PROPERTY**

Age of Building \_\_\_\_\_ Type of Construction \_\_\_\_\_  
Type of wiring (BX, Romex, conduit, etc.) \_\_\_\_\_ Year last updated \_\_\_\_\_  
Type of heating unit (furnace, boiler, space heater, etc.) \_\_\_\_\_  
Age of heating unit \_\_\_\_\_ Type of fuel used \_\_\_\_\_  
Age of Roof \_\_\_\_\_ Year last updated \_\_\_\_\_  
Age of Plumbing \_\_\_\_\_ Year last updated \_\_\_\_\_  
Fire extinguishers provided in units?  Yes  No In common areas?  Yes  No  
Fireplaces?  Yes  No Woodburning Stoves?  Yes  No  
Smoke detectors in each unit?  Yes  No Hallways?  Yes  No Battery operated?  Yes  No  
Hard wired with battery back-up?  Yes  No Central Alarm Service?  Yes  No  
Checked regularly?  Yes  No

**PREMISES LIABILITY**

Are interior stairways, hallways and basement areas well lighted?  Yes  No  
Are the walkways and parking areas well lighted?  Yes  No Apartment doors?  Yes  No  
Is there a swimming pool?  Yes  No Size \_\_\_\_\_ Depth \_\_\_\_\_ Fenced  Yes  No  
Locked gate?  Yes  No Diving board or slide?  Yes  No  
Is furnished playground equipment present?  Yes  No Please describe. \_\_\_\_\_  
\_\_\_\_\_  
Are there 2 exits per floor?  Yes  No Any animal restrictions?  Yes  No  
Is there an outside stairway to the second level?  Yes  No Enclosed?  Yes  No

**LOSS HISTORY**

Previous Insurance carrier \_\_\_\_\_ Prior Premium \_\_\_\_\_  
Description of Losses: If not shown on application, please show date, causes, amount paid and claims status on back of this supplemental questionnaire.