IBMC Insurance Questionnaire for Condominium Projects

A borrower(s) has/have recently applied for the purchase or refinance of a condominium unit located in the fo	ollowing
project:	

Name of Project: Prairie Lakes Cond	dominiums		
Name of Borrower(s):			
Property Address: 1		Unit No:	
City: Ankeny	State: IA	, Zip Code: 50023	
The following information is needed to	complete the processing of	the loan application and to ensure t	the project meets
the insurance requirements for seconda	ry market financing. There	fore, please complete the question	naire at your
earliest convenience. Your cooperation	is appreciated very much.		
Section I - Property Insurance (hazard)			
Which policy listed below applies to the	master or blanket insuranc	e policy for the project? Please con	nplete the
corresponding questions associated wit	h the type of policy.		
Is this a "Single Entity" Policy?			
	general and limited commo	on elements including fixtures, buildi	ng service
equipment and common persor			
b. Are the unit interior improvements X No	ents included under this poli	icy?	
c. Is the coverage sufficient to rest	tore the condo unit to its or	riginal condition prior to a loss claim	event?
Is this an "All-In" Policy?			
a. Does the policy cover all of the	general and limited commo	n elements including fixtures, buildi	ng service
equipment and common persor Yes No	nal property belonging to th	ie HOA?	
b. Are the unit interior improvements Yes No	ents included under this poli	icy?	
Is this a "Bare Walls" Policy?			
a. The policy provides no coverage Yes No	e for the unit interior, fixture	es, equipment or replacement of su	ch?
b. Does the project contain any co Yes No	mmon elements?		
c. If answered yes, what are the co	ommon elements?		

Sec	on II - Amount of Coverage
a.	samount of coverage see schedule on proof of insurance
b.	What is the number of units included in the coverage? 56
c.	Does the policy include <u>either</u> of the following:
	100% Guaranteed Replacement Cost Coverage
	X 100% Replacement Cost Coverage
	100% Extended Replacement Cost Coverage
Sec	on III – Deductible Amounts
a.	s the maximum deductible amount no greater than 5% of the face amount of the policy? Yes No
Sec	on IV – Special Condo Endorsements (please check N/A if the coverage does not apply or is not applicable
in t	is insurance market):
a.	nflation Guard Endorsement? Yes No N/A
b.	Building Ordinance or Law Endorsement? X Yes No N/A
c.	Steam Boiler and Machinery Coverage Endorsement? X Yes No N/A
Sec	on V – Special Additional Requirements for Condo Projects
a.	s any Insurance Trust Agreement recognized? Yes No N/A
b.	s the right of subrogation against unit owners waived?
	X Yes No
C.	s the insurance prejudiced by acts or omissions of individual unit-owners that are not under control of the
	HOA? Yes X No
d.	s the policy primary even if a unit owner has other insurance that covers the same loss? Yes No
Sec	on VI – Miscellaneous Information
a.	Does the policy reflect the HOA as the name insured?
b.	Does the policy include a provision that calls for no less than 10 days written notice to the HOA before it ca
	pe cancelled? X Yes No
C.	s the premium paid as a common expense by the HOA? X Yes No

I hereby certify the above information is true and correct to the best of my knowledge:

Agent's Signature:	Dail L. Machande
Agent's Printed Name:	David Mackowski
Insurance Company	West Bend Mutual Insurance
Date: 7/4/2020	Telephone Number:515-224-4391

REV 9/2017