

CENTURY INSURANCE GROUP
Habitational Supplemental Questionnaire
(Apartments, Hotels, Motels, Dwellings)
(Complete in Addition to Acord Application)

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

Applicant's Name: _____ Agents Name _____

 Mailing Address: _____ Address: _____

 Proposed Effective Date:
 From: _____ To _____

Applicant is: Individual Corporation Partnership Joint Venture Other _____

Property Locations:
 Location Name, Street Address, City, County, State, Zip Code

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

A. FIRE PROTECTION

1. Sprinklered? _____ All Units? _____ Common Areas Only? _____
2. Smoke Detectors in each unit? _____ Hard Wired or Battery? _____
 Hallway leading to bedroom? _____
3. Fire Extinguishers in common areas? _____ In each unit? _____
4. Carbon Monoxide (CO) Detectors in each unit? _____ Hard Wired or Battery? _____
5. Separation between buildings? _____

B. SECURITY

Is Security Provided? _____ What Type? _____ Patrol _____ Gated Access _____ Alarm Systems _____

1. If Patrol, please answer the following questions:
 - a. Armed or unarmed? _____
 - b. Days of week? _____
 - c. 24 hour security? _____
 - d. Independent contractor or employee? _____
 - e. If employee - what is payroll? _____
2. If gated, please answer the following questions:
 - a. Is the entire apartment complex fenced/gated? _____
 - b. How is access obtained? _____
 - c. Who is given access? _____
3. If alarm systems are provided, please provide answers to the following questions:
 - a. Are alarm systems in every unit? _____
 - b. Who monitors the alarms? _____

4. Is the premises including all parking areas lighted?
5. Has the insured ever had an assault and battery claim? Yes No
If yes, please describe: _____
6. If new purchase, were there any assault and battery claims for previous owner? Yes No
7. Does the insured have procedures in place to provide emergency repairs on doors, locks and windows in the event of an assault and battery occurrence.

C. RENOVATIONS / MOST RECENT UPDATE

Year and Type of Update	Loc #1	Loc #2	Loc #3	Loc #4	Loc #5	Loc #6
Roof						
Plumbing						
HVAC						
Electric						
Other						

D. DESCRIPTION OF LOCATIONS

	Loc. #1	Loc #2	Loc#3	Loc #4	Loc #5	Loc #6
Years owned by insured						
* Type of occupancy						
Type of construction						
Year built						
Number of stories						
Number of total units						
Number of buildings						
Total square feet						
Manager on premise?						
Monthly rent per unit:						
Apartments: 1 BR						
2 BR						
3 BR						
Other						
Dwellings:						
% of units occupied?						
% of building owner occupied						
% of units rented to others						
% of units subsidized						
% student renters						
Wiring – Copper (or) Aluminum?						
If Aluminum – Single or Multi-Strand?						
Fire walls separating buildings?						
Any wood shake shingle roofs?						
Percentage owner occupied?						
Type of Heating system?						
If space or portable heating – Is it UL electric, kerosene, vented gas, or un-vented gas?						
Any wood burning stoves or fireplaces?						
If yes last time inspected/cleaned?						
Is this on a Historical Register (Local, County, State or National)?						
Any car ports?						

Any fences?						
Protection class						
Is bldg. a retirement/elderly facility? Yes/No						
If Yes Any medical assistance offered?						
If Yes Any emergency pull cords?						
Is bldg. an assisted living facility? Yes/No						
If > 3 stories are interior stairways equipped with self closing/locking fire doors on each floor?						

* Use alpha code listed for type of Occupancy:

- | | |
|--------------------------------------|----------------------------------|
| A - Apartment Bldg. | F - Dwelling / Three Family |
| B - Garden Apts. | G - Dwelling / Four Family |
| C - Apartment-hotel
Or Time Share | H - Boarding or rooming house |
| D - Dwelling / One Family | I - Fraternity or Sorority house |
| E - Dwelling / Two Family | J - Motel |
| | K - Hotel |
| | L - Condominium |

E. GENERAL INFORMATION

1. If there have been any water damage claims within the past 3 years - has the insured taken protective safeguards to ensure this does not happen again? _____ If yes - please describe: _____

2. Have you received any claims for wrongful eviction in the past 5 years? If yes, please provide details _____
_____ How many of these claims were paid? _____
3. Are any of your properties subject to rent control laws? _____
4. Have there ever been any assault & battery incidents/claims on this property? _____ If Yes please describe:

5. If this is a new purchase have you inquired from the previous owner if there have ever been any assault & battery incidents/claims on this property? _____ If Yes please explain:

6. What procedures are in place for repair/replacement of broken windows, patio doors, door locks, etc.?

7. Is there a full time maintenance staff on premises or is the work subcontracted out?

8. What is the timeframe for these types of repairs mentioned in 6. above?

F. SWIMMING POOLS

Loc #'s _____ Diving Boards? Yes No If yes, height: _____

Slides? Yes No Underwater Lighting? Yes No

Steps into shallow end with handrails? Yes No

1. Is the pool area completely surrounded by building walls or fence? Yes No If Yes, height: _____
2. Are gates or doors opening into the pool area equipped with a self-closing and self-latching device? Yes No
3. Are the depth marking clearly shown? Yes No
4. Are warning signs and rules posted and clearly visible? Yes No
5. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside? Yes No
6. Is the pool maintained by applicant or outside contractor?
 Applicant Outside Contractor
7. Are lifeguards provided by applicant or outside pool management company?
 Applicant Pool Management Company

G. OTHER RECREATIONAL EXPOSURES

Number of:

Playgrounds _____ Tennis Courts? _____ Racquetball courts _____ Basketball Courts _____

Volleyball courts _____ Baseball fields? _____ Acres of lakes/ponds _____ Boat slips _____

Other: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

FRAUD WORDING:

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.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)