

**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? \_\_\_\_\_ Hallway leading to bedroom? \_\_\_\_\_ Hard Wired or Battery? \_\_\_\_\_
3. Fire Extinguishers in common areas? \_\_\_\_\_ In each unit? \_\_\_\_\_
4. 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 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? \_\_\_\_\_

C. 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<br>Or Time Share | H - Boarding or rooming house    |
| D - Dwelling / One<br>Family         | I - Fraternity or Sorority house |
| E - Dwelling / Two<br>Family         | J - Motel                        |
|                                      | K - Hotel                        |
|                                      | L - Condominium                  |

D. 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						

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? \_\_\_\_\_

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: \_\_\_\_\_

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