

CENTURY INSURANCE GROUP
Condo Conversion Supplemental Questionnaire

(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. 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 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 |

D. RENOVATIONS

| Scope of Work | Loc #1 | Loc #2 | Loc #3 | Loc #4 | Loc #5 | Loc #6 |
|--------------------------------|--------|--------|--------|--------|--------|--------|
| Sales | | | | | | |
| Subcontracted Cost | | | | | | |
| Direct Payroll | | | | | | |
| Description of work being done | | | | | | |
| | | | | | | |

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: _____

GENERAL CONTRACTOR INFORMATION

- 1. License Number _____
- 2. Insurance Carrier _____ Limits of Liability _____
- 3. Does General Contractor provide evidence of General Liability Insurance including Products/Completed Operations with limit equal to or greater than project owner and name project owner as an additional insured?
 Yes No
 - a. Do all subcontractors provide evidence of General Liability Insurance including Products/Completed Operations with limit equal to or greater than General Contractor and name General Contractor as an A.I?
 Yes No

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)