## **CENTURY SURETY COMPANY**

## CONDOMINIUM / TOWNHOUSE / HOMEOWNERS ASSOCIATION

## LIABILITY AND PROPERTY SUPPLEMENTAL QUESTIONNAIRE

## (Complete in Addition to Acord Application)

1.	Name of Applicant:		
2.	Applicant is:          Condominium Assn.         Does developer still own any units?         Des developer s		
3.	Total number of living units?		
4.	Number of units that are owner occupied? Number of units rented to others?		
5.			
6.	Property information:		
	<ul> <li>a. Smoke Detectors in each living unit? Yes No</li> <li>b. Are all buildings 100% sprinklered? Yes No If No what %?</li> <li>c. Construction of buildings? Frame Brick Veneer Masonry Masonry Non-Combustible Year of construction</li> <li>d. Any wood shake shingle roofs? Yes No</li> </ul>		
	e. Type of wiring?		
	f. Date of last update (show NA if no update): Roof Plumbing HVAC Electric		
	Roof       Plumbing       HVAC       Electric         g. Number of stories       If over 3 stories are interior stairwells equipped with self-closing         locking fire doors on each floor       Yes       No		
	h. If multiple buildings, what is the separation between buildings?		
7.	Are there any of the following recreational facilities? If yes below, are they available to public? Yes: No		
	If available to public explain in Remarks.		
	a. Basketball Courts? $\Box$ Yes $\Box$ No If yes, # of courts?		
	b. Bike Paths? $\Box$ Yes $\Box$ No If yes, # miles?		
	c. Boat Ramps? $\Box$ Yes $\Box$ No If yes, receipts?		
	d. Boat Rentals? $\Box$ Yes $\Box$ No If yes, # of boats? and		
	receipts? and explain in detail		
	e. Exercise or Weight Rooms?		
	f. Golf Courses or Driving Range?		
	g. Handball Courts? Yes No If yes, # of rooms?		
	h. Horse:       Pasturing?       Yes       No       Rental?       Yes       No         Stables?       Yes       No       Riding Ring       Yes       No		
	Trails? $\Box$ Yes $\Box$ No Kluing Kling $\Box$ Yes $\Box$ No		
	i. Motorcycle or ATV trailers? Yes No		
	j. Picnic areas? $\Box$ Yes $\Box$ No If yes, #		
	k. Playgrounds (or Parks)? $\Box$ Yes $\Box$ No       If yes, #		
	1. Racquetball Courts? $\Box$ Yes $\Box$ No       If yes, #		
	m. Saunas? $\Box$ Yes $\Box$ No If yes, #		
	n. Spas?		
	o. Squash Courts? $\Box$ Yes $\Box$ No If yes, #		
	p. Any other type of recreational facilities than those listed above?  Yes No		
	If yes, provide details in Remarks section.		

	q. Swimming pools?       Image: Yes       No       If yes:         total # of pools?       # of lap pools?       # of wading pools?		
	# of pools (other than lap or wading pools)?		
	Unsupervised swimming by children under the age of 16?  Yes No		
	Any unsupervised swimming by people age 16 or older? Yes No		
	Are all pools equipped with shepherd's hooks?		
	Are all pools, spas & wading pools completely fenced?		
	Is all fencing equipped with self-closing and self-locking gates?		
	Any diving boards over 1 meter?		
8.	Does applicant own, operate any streets or roads?		
	Are any used by public as through streets?          Yes         No         Maximum posted speed limit?		
9.	Does applicant own, operate or maintain any lakes?		
	Any dams? Yes No If yes, provide dam inspection report and pictures of dam <i>(include downstream exposure)</i> .		
	Any boat docks? Yes No If yes, give total # of boat slips?		
	Are power boats allowed on lake?		
10.	0. Any club houses? Yes No If yes, give total square footage:		
11.	Does applicant sponsor:		
	a. Swim Teams?		
	b. Swimming contests?		
12.	Any security guards <i>(employees of assn)?</i> Yes No If yes, need payroll for:		
	armed guards, unarmed guards.		
13.	Does applicant own or operate:		
	a. Electric utility?		
	b. Gas utility?		
	c. Sewer utility?		
	d. Water utility?		
	e. Refuse or garbage dumps (or landfill)? Yes No		
	f. Garbage or refuse collection?		
14.	Remarks:		

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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a deceptive statement is guilty of insurance fraud.

Applicant:	
Signature:	

Producer:

Date:\_\_\_\_