

**ROOMING HOUSE APPLICATION**

NAME OF APPLICANT(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

LOCATION OF RISK: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

PRINCIPALS (if in a company name): \_\_\_\_\_

MORTGAGEES (name & address in payment order): \_\_\_\_\_

**FIRE PROTECTION:** Hydrant: Within 300m?  YES  NO Fire Hall: Within 8km?  YES  NO  Paid  Volunteer

**BUILDING DETAILS:**  Detached  Condo/Townhouse  Rowhouse  Mobile Home  Other (Please describe): \_\_\_\_\_

**CONSTRUCTION:**  Brick  Frame  Stone  Masonry  Log  Other (Please describe) \_\_\_\_\_

**FOUNDATION:**  Concrete/Poured Concrete  Brick  Stone  Post & Pier  Preservative – Treated Lumber

**YEAR BUILT:** \_\_\_\_\_ **NO. OF UNITS:** \_\_\_\_\_ **NO. OF STORIES:** \_\_\_\_\_

Does property have operational fire extinguishers?  YES  NO Does property have operational smoke detectors?  YES  NO

Does property have operational sprinklers?  YES  NO

**ELECTRICAL SYSTEM:**  60AMP  100AMP  200AMP  CB's  Fuses  Aluminum Wiring  Knob & Tube Wiring (location): \_\_\_\_\_

**PLUMBING (type):** \_\_\_\_\_ **AGE OF ROOF:** \_\_\_\_\_

Does property have a central heating system?  YES  NO Type: \_\_\_\_\_

If Oil is used, please attach Oil Tank Questionnaire and photos of oil tank(s).

Is there a solid fuel heating unit?  YES  NO (If yes, please attach Questionnaire).

**UPDATE INFO (YEAR):** Electrical: \_\_\_\_\_ Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_

How long has rooming house been operational? \_\_\_\_\_ Length of rental:  Daily  Weekly  Monthly

Does the owner live on premises?  YES  NO If yes, does owner live in self-contained suite?  YES  NO

No. of Occupants: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_

Who is responsible for property maintenance? \_\_\_\_\_

List of Names, Occupations, Age of Tenants and how long at this location? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many common(shared) kitchens? \_\_\_\_\_

Are there any Hot Plates?  YES  NO Is there any cooking in rooms?  YES  NO

Is there a no-smoking policy in place?  YES  NO Are meals provided for tenants?  YES  NO

Is there a swimming pool on the premises?  YES  NO What is the screening process for tenants? \_\_\_\_\_

Has this risk been declined, refused or cancelled by another insurer?  YES  NO Reason: \_\_\_\_\_

Previous insurer? \_\_\_\_\_ Policy number: \_\_\_\_\_ Expiring/Target Premium: \_\_\_\_\_

Five (5) Year Claim/Loss history (date; paid/estimated amount; cause; open/closed)? \_\_\_\_\_

**LIMITS REQUIRED:**

Building: \$ \_\_\_\_\_ Major Appliances: \$ \_\_\_\_\_ Rental Income: \$ \_\_\_\_\_ Liability(OL&T): \$ \_\_\_\_\_

**Current Photos (front & back) required prior to binding**

**DECLARATION / CONSENT**

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Signature of Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Firm: \_\_\_\_\_ Broker AGT #: \_\_\_\_\_

Broker Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax #: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [newbizpersonal@premiergroup.ca](mailto:newbizpersonal@premiergroup.ca) \*\***

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