

# TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: [personallines@tottengroup.com](mailto:personallines@tottengroup.com) Website: [www.tottengroup.com](http://www.tottengroup.com)

## STUDENT HOUSING APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Name of Applicant \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Current insurance company on risk \_\_\_\_\_

4. Is renewal being offered?  Yes  No

If no, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## BROKER DECLARATION

**Each and every question must be answered by the Broker and/or Account Executive.**

Is this account NEW to your office?  Yes  No Did you receive the order direct from the Applicant?  Yes  No

If no, how long have you known the applicant? \_\_\_\_\_ Do you recommend this applicant in every respect?  Yes  No

Do you handle other insurance for the Applicant?  Yes  No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

\_\_\_\_\_  
PRINT NAME OF BROKERAGE

\_\_\_\_\_  
PRINT NAME OF BROKER/PRODUCER

\_\_\_\_\_  
PRINT ADDRESS OF BROKERAGE



## PROPERTY INFORMATION

1. Risk Location \_\_\_\_\_

2. Loss Payable \_\_\_\_\_

### Structure Type

Detached     Semi Detached     Townhouse     Rowhouse  
 Duplex     Triplex     Multi-Plex     Other \_\_\_\_\_

### Occupancy

Number of students \_\_\_\_\_ Occupied 12 months of the year?  Yes  No  
 Residential Area     Commercial Area

### Construction

# of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Square Footage \_\_\_\_\_  
Walls -  Frame     BV     Brick/Stone     Alum. Siding     Modular     Fire Resistant  
Roof -  Patent     Metal Clad     Other \_\_\_\_\_  
Updates -  Full     Partial    Year \_\_\_\_\_

### Utilities - Heat

Primary -  Furnace (Central)     Electric     Oil     Space Heater     Natural Gas     Wood  
Auxiliary -  Electric     Space Heater     Wood  
Updates -  Full     Partial    Year \_\_\_\_\_

### Wood Heat

Woodstove     Wood Furnace     Fireplace Insert     Combination Wood Furnace  
ULC Approved?  Yes  No    Installed to Code?  Yes  No    Combined with \_\_\_\_\_

### Oil Heat

Inside     Outside     Above Ground     In Ground

Age of Tank \_\_\_\_\_ Date of last inspection \_\_\_\_\_

### Electrical

C/B     Fuses    \_\_\_\_\_ Amps

Updates -  Full     Partial    Year \_\_\_\_\_

Is there knob and tube wiring?  Yes  No    Aluminum  Yes  No    Copper  Yes  No

### Plumbing

Copper     Plastic     Other \_\_\_\_\_

Updates -  Full     Partial    Year \_\_\_\_\_

### Sump Pump

Age \_\_\_\_\_

### Protection

Fire -  Hydrant within 300 metres

Alarm -  Yes  No     Fire     Burglary     Heat detectors     Smoke alarms as required by law  
 Central     Monitored     Local    ULC Approved     Yes  No

### Housekeeping

Excellent     Good     Fair     Poor

### Physical Condition

Excellent     Good     Fair     Poor

Swimming Pool?  Yes  No    Fenced All Around?  Yes  No

Supervision – Responsible individual/property manager providing personal visits to premises every 30 days?  Yes  No

**Outbuilding(s) Please complete (describing construction, occupancy, square footage and value) any outbuildings not attached to the main building.**

\_\_\_\_\_  
\_\_\_\_\_



**Loss Experience (5 Years)**

None or  As shown below

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**COVERAGES AND LIMITS**

Location # \_\_\_\_\_ Building # \_\_\_\_\_

**Form, Basis of Loss Settlement and Deductible will be based on risk qualification and may differ from your request.**

**Form**  Broad Form

**Deductible**  \$5,000  Other \_\_\_\_\_

**Limits** Building #1 \_\_\_\_\_

Owners household furniture and appliances \_\_\_\_\_

Detached Private Structures \_\_\_\_\_

Rent or Rental income \_\_\_\_\_

C.G.L.  \$1,000,000  \$2,000,000

**Add'l Cov**  Sewer Backup

**APPLICANT'S SIGNATURE**

**PLEASE REVIEW CAREFULLY**

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. **THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant