

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

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 ****

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