

Rooming House Application



The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

*Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.***

1. Broker Information

| | | | |
|-----------------|---------------|------------|--------------|
| Brokerage: | | Broker ID: | |
| Broker Address: | City: | Province: | Postal Code: |
| Broker Contact: | Broker Email: | | |

2. Applicant Information

| | | | |
|--------------------------------|---|---------------------------|--------------|
| Full Name of all Insureds: | | | |
| Mailing Address: | City: | Province: | Postal Code: |
| Risk Location: | City: | Province: | Postal Code: |
| Effective Date: | Policy Term: [12-Month Term] | Other Policies with ODIS: | |
| Prior Insurance & Expiry Date: | If no prior insurance, please provide reason: | | |

3. Risk Information

| | |
|--|--------------------------------|
| Year Built: | Number of Stories: |
| Total Square Footage (incl. basement if finished): | |
| Type of Building (detached, duplex, townhouse, high-rise etc): | |
| Type of Construction (wood frame, fire resistive, masonry, *sandwich panel etc): | |
| Total # of Units (kitchens & entrances): | Total # of Rooms: |
| Total # of Roomers: | Total # of Unemployed Roomers: |
| Type of Unemployed: | Turnover of Roomers: |
| What is the screening process for tenants? | |

6. Additional Information

| | Yes | No |
|--|-----|----|
| Is there an annual lease in place? | | |
| Is this risk occupied by the owner? | | |
| Does the applicant live within 150 Kms of the risk? | | |
| Do local by-laws require rented dwelling to be licensed? <i>*If 'yes', permits are required for binding.</i> | | |
| Are there bedrooms or/and sleeping quarters in the basement? | | |
| Is the lot bigger than 1 acre? <i>*If 'yes', how many acres?</i> | | |
| Is this leased land? | | |
| Is there a pool or/and hot tub on the premises? | | |
| Is the risk located in an active flood zone? <i>*If 'yes', we'd decline.</i> | | |
| Is the risk located within 50 kms of an active fire zone? <i>*If 'yes', we'd decline.</i> | | |
| Does the building have a heritage designation? <i>*NOTE: Only exterior of façade designations are accepted.</i> | | |
| Any renovations currently underway or considered in the next 12 months? <i>*If 'yes', please explain below:</i> | | |

4. Building Updates

| | Type | Year Updated |
|-----------------------|------|--------------|
| Electrical | | |
| Amperage | | |
| Heating | | |
| Supplementary Heating | | |
| Plumbing | | |
| Roof | | |

5. Fire Protection

| | Yes | No |
|------------------------------------|-----|----|
| Hydrant within 300 meters? | | |
| Fire department within 8 kms? | | |
| Is it a volunteer fire department? | | |

Who is responsible for regular checks on the property (incl. snow removal) ?

If tenant responsible for snow removal or is there a separate agreement in place?

7. Loss Payee(s) Information

Mortgagee(s):

Mortgagee(s) Address:

City:

Province:

Postal Code:

8. Insurance Loss & History

Has insurance ever been cancelled or refused for this property? Yes No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No

If 'yes', please provide details in below:

| Date of Loss | Claim Closed? | Type of Loss | Amount Paid | Preventative Measures in Place? |
|--------------|---------------|--------------|-------------|---------------------------------|
| | Yes No | | | |
| | Yes No | | | |

| 9. Coverage Information | Limits Required | Deductible |
|---|-----------------|------------|
| Building(s) | | |
| Outbuilding(s) | | |
| Contents <i>(Excluding personal contents)</i> | | |
| Rental Income | | |
| Sewer Back Up | | |
| Liability (CGL) | | |
| Equipment Breakdown | Yes | No |
| Flood | Yes | No |
| Earthquake <i>(Excluding BC)</i> | Yes | No |
| Any specific coverage required? | | |

10. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Full Name(s):

Signature(s) of All Named Insureds (only required if binding)

Date: