



**Anderson
McTague
& ASSOCIATES**

Extra Strength Underwriting.

154 Prince William St.
PO Box 1500
Saint John NB, E2L 4K3
Canada

Rooming House Questionnaire

Broker:	Date:
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Insured:

Mailing Address:

Location of Risk (including Full Address & Postal Code):

Year Built:	Year Purchased:	Construction:
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Number of Stories:	Basement Yes No	Furnished Unfurnished
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If constructed prior to 1980 have all services been updated, if so when and to what extent (full/partial)?

a) Wiring - type:

- Circuit Breakers:
- Fuses:

Was the full electrical service replaced by a licensed electrician? Yes No When:

Was 100% of all knob and tube wiring (all floors) removed? Yes No
If not, explain:

b) Plumbing:

c) Roof: Type:

d) Heating: Type:

If Oil – Attach OIL TANK questionnaire and photograph of oil tank (s)

e) Any auxiliary heating? Yes No *Attach questionnaire and photographs*

Occupancy – please use back of page for additional space, if required.

How many Rooms are “Self-contained”, if any (having their own kitchen and full bathroom facilities)?

Are there any Hot Plates? Yes No	Is there a No Smoking policy in place & enforced? Yes No
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Any cooking in Rooms? Yes No	How many Rooms are Vacant at present?
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How many Common (shared) Kitchens?	How many Common (shared) Bathrooms?
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Is there a live-in "Manager/Caretaker"? Yes No
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Name:	Unit/Apt No.:
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If no live-in Manager – *please provide details of management provided:*

List Names, Occupations, Ages of Tenants and how long they have lived at this location:

Private Protection:	Fire Extinguishers? Yes No	Smoke Detectors? Yes No	Sprinkler System? Yes No
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Limits of Insurance – Fire E.C. Actual Cash Value – 80% Co Ins.

Building: \$	Contents (major appliances only): \$
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Rents (100% Co): \$	Liability (OLT): \$
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Has Broker seen the Risk? Yes No
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Previous Insurer and Policy Number:

Have they offered renewal? Explain:

5 year Loss History (full details required including status – open or closed):

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY QUESTIONNAIRE

I may have provided personal information in this document and by other means and I may in the future provide further personal information. Some personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my 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.

Applicant's Signature:	Date:
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