

Roof

Rooming House Application

ABEX Affiliated Brokers Exchange Inc. 139 Northfield Dr. W., Suite 206 Waterloo, ON N2L 5A6 (p) 519-880-0044 <u>quotes@abexinsurance.com</u> www.abexinsurance.com

											<u> </u>	.abex	ii isui ai ii	ce.com			
Brokerage:							Broker Broker code: contact:										
							mail	:									
Named Insured(s): Prin							incip	cipal(s):									
Mailing address:																	
Location address	s:																
Mortgagee(s):																	
Mortgagee(s) ad	dress:																
Other policies Prior insurance							tive date: Policy term:										
1. Underwriting	Details	•			, , , , , , , ,											Yes	No
How long has ins			oming hou	ıse?					Ī	Has applicant ever had insurance declined or					165	NO	
Is the insured occupying the home? Property's current market value:								cancelled? If 'yes', please explain in 'Comments' Hydrant within 300 meters?									
Building type (sir	ngle fam	ily, row ho	ouse etc):							Firehall within 8 Kms?							
Number of rooms in the home: Up to 4 unrelated roomers. Otherwis declined unless permits provided (cl as lodging house)								ed	Is it a voluntary firehall?								
Number of units in the home: Number of roomers:								Min. one (1) smoke detector per floor?									
Are the roomers employed: If 'no', how many unemployed:								Is the lot bigger than 1 acre? If 'yes', how many acres?									
Type of unemployed, i.e. transient, half way house:								Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>									
Advise turnover of roomers (long term or short term):								Is the risk located in an active flood zone? If 'yes', we'd decline.									
Who is responsible for maintenance							Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>										
of the building, rules, etc.? Who is responsible for snow removal?							Does the risk meet local Fire Code and By-law requirements for its current occupancy?										
If tenant responsible for snow removal or is							Is the dwelling purpose-built for its current occupancy? <i>If</i> 'no', permits required for a quote.										
there a separate agreement in place? If in the lease, does snow removal contract							Does the building have a heritage designation?										
have \$ 2 mil CGL in place? If the applicant DOES NOT live within 250 kms of								If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i>									
the property, who will be maintaining the property? How does insured obtain tenants & what screening process is used?								Is this leased land?									
2. Construction																	
Year built					Building a						Private Protection	ns	Yes	No]		
No of Stories					Construct						Fire Alarm			1			
		Тур	<u> </u>			Yea	r Updated	†			Burglar Alarm						
Electrical Wiring & Amperage			_					<u>.</u>			Monitored						
Breakers or Fuses											Sprinklered						
Plumbing											On-Site Security						
Heating								3	• Co	mmen	ts:		1	1			
Supplementary H	leating								. 501		· ·						

4. Have there been losses or claims by the applicant in the last 5 years? Yes No								
Date of loss	Detailed description of loss		Amount paid	Opei	n/Closed?	Preventative measures i	n place?	
5. Coverage		Limits	Required		Deductible			
Building(s)		\$						
Outbuilding(s	$(s)^1$ for outbuildings unless a limit is shown on the policy.	\$						
Contents		\$						
Rental Incom	е	\$						
Sewer Back l	Jp	\$						
Liability (CGL	.)	\$						
Is coverage r	required for: Equipment Breakdown: Yes	No	Floo	d: Yes	No	Earthquake: Yes (Excluding BC)	No	
6. Current photos of the risk attached?			No	(Current	photos and Bu	uilding Evaluator are not require	ed for	
EZ_ITV or eq	uivalent evaluator attached?	Yes	No	quoting,	but will be req	juired in order to bind coverage	·)	
7. Additional	comments:							
material fact. I/ affected thereo you to collect, u thereof, for the	we declare that after proper enquiry the staten we agree that this Application Form, together on. I/we undertake to inform Underwriters of a use and disclose personal information as perm purposes necessary to assess the risk, investig e(s) of all Named Insureds (only required i	with any ot any material itted by law gate and set	her material infor alteration to thes , in connection wi tle claims, and de	mation sup se facts occ th your cor	oplied by me/us urring before th mmercial insura	s shall form the basis of any contr he completion of the contract. I/v ance policy or a renewal, extension	act of insuranc we authorize on or variation	

Signature(s) of all Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

Absolutely <u>NO COVERAGE</u> is given by this application form.

Coverage is only given upon written confirmation of binding from ABEX.

This Section is For Broker Use Only

*

Rooming House/Sept 2024 Pg. 2 of 2

^{*} If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**