



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

New Submissions: triage@tottengroup.com

Website: 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?
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?
If no, how long have you known the applicant?
Do you handle other insurance for the Applicant?

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 Resitive
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

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