

Roof

Rooming House Application

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

							<u>www.abex</u>	insurand	e.com			
Brokerage: Broker code:							Broker contact:					
Broker address: Email						l:						
Named Insured(s): Princip					pal(s):							
Mailing address:												
Location address:												
Mortgagee(s):												
Mortgagee(s) address:												
Other policies Prior insurance with ABEX: & expiry date:					Effecti	Effective date: Policy term:						
1. Underwriting Deta	ils										Yes	No
How long has insured o	wned the rooming ho	use?				Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'						
Is the insured occupyin	ig the home? Pr	operty's curre	ent marl	ket value:		Hydrant within 300 meters?						
Building type (single fa	mily, row house etc):					Fireh	Firehall within 8 Kms?					
Number of rooms in the	e home:		ess perm	omers. Otherwi its provided (c		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? If 'yes', we'd decline.						
Advise turnover of roor (long term or short ter						Is the risk located in an active flood zone? If 'yes', we'd decline.						
Who is responsible for of the building, rules, e						Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>						
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 there a separate agreement in place?					Is the dwelling purpose-built for its current occupancy? If 'no', permits required for a quote.							
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 the property, who will be maintaining the property?					If 'yes', is the designation with respect to façade/exterior only? <i>If interior, we'd decline.</i>							
How does insured obtain tenants & what screening process is used?					Is this leased land?							
2. Construction Detail												
Year built	· <u>-</u>	Buildin in sq. f				_	Private Protections	Yes	No]		
No of Stories		Constru	uction				Fire Alarm					
'	Туре	<u> </u>	Yea	r Updated			Burglar Alarm					
Electrical Wiring & Amperage							Monitored					
Breakers or Fuses							Sprinklered					
Plumbing							On-Site Security					
Heating 3.				3. Co	mmen	ts:	1	1	I			
Supplementary Heating												

4. Ha	ve there	been losses or claims by the applicant	in the last	5 years?		Yes	No				
Date (te of loss Detailed description of loss			Amount p	Amount paid Open/Closed?		Closed?	Preventative measures in place?			
5. Coverage			Limits Required					Deductible			
Buildi	ng(s)		\$								
Outbuilding(s) ¹ No cover given for outbuildings unless a limit is shown on the policy.		\$									
Contents		\$									
Rental Income		\$									
Sewer Back Up		\$									
Liability (CGL)		\$									
Is coverage required for: Equipment Breakdown: Yes No Flood: Yes No Earthquake: Yes (Excluding BC)					Yes	No					
6. Current photos of the risk attached?			Yes No (Current photos and Building Evaluator are not requir						-		
EZ_ITV or equivalent evaluator attached?		Yes	Yes No quoting, but will be required in order to bind coverage)		
7. Ad	ditional	comments:									
materia affected you to d thereof	Il fact. I/\ d thereon collect, u f, for the	e declare that after proper enquiry the stater we agree that this Application Form, together n. I/we undertake to inform Underwriters of a se and disclose personal information as perm purposes necessary to assess the risk, investig (s) of all Named Insureds (only required i	with any ot any material itted by law gate and set	her material alteration to , in connection tle claims, ar	inform these on with nd dete	facts occur facts occur your comr ect and prev	ied by me/us ring before tl mercial insura	shall form the basis of ne completion of the co nce policy or a renewa	any contract. I/val, extensio	act of insurar ve authorize n or variatior	
Jighatare(3) of an Namea moureus (only required if billan			. Jiliuliig).	'	Full Name(s):						

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

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^{*} 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**