

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

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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							Effecti	Effective 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? <i>If 'yes', please explain in 'Comments'</i> 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. Otherwise declined unless permits provided (clas 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							Is the risk located in an active flood zone? If 'yes', we'd decline.										
(long term or short term): Who is responsible for maintenance of the huilding rules at 2								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	Ope	n/Closed?	Preventative measures i	n place?	
5. Coverage		Limits	Required		Deductible			
Building(s)		\$						
Outbuilding(s) 1 No cover given) ¹ for outbuildings unless a limit is shown on the policy.	\$						
Contents		\$						
Rental Income	е	\$						
Sewer Back U	Jp	\$						
Liability (CGL))	\$						
Is coverage re	equired for: Equipment Breakdown: Yes	No	Floo	od: 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 equivalent evaluator attached?			No	quoting,	but will be req	quired in order to bind coverage	2)	
7. Additional	comments:							
material fact. I/v affected thereor you to collect, u thereof, for the	re declare that after proper enquiry the staten we agree that this Application Form, together n. I/we undertake to inform Underwriters of a see and disclose personal information as perm purposes necessary to assess the risk, investig e(s) of all Named Insureds (only required in	with any ot any material itted by law gate and set	ther material informal alteration to the r, in connection we ttle claims, and de	rmation sup se facts occ ith your coi	oplied by me/us curring before the 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

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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**