

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> <u>www.abexinsurance.com</u>

Brokerage:						Broker code:		Broker contact:						
						Ema	ail:							
Named Insured(s): Princip						cipal(s):	ipal(s):							
Mailing address:														
Location address:														
Mortgagee(s):														
Mortgagee(s) address:														
Other policies Prior insurance with ABEX: Ef						Effect	Effective date: Policy term:							
1. Underwriting Deta	ils												Yes	No
How long has insured of the rooming house?	ong has insured owned Is the insured occurving the home?							Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'					163	110
Property's current Building type (single market value: family, row house etc):						Hydr	Hydrant within 300 meters?							
Number of rooms in the home:			d roomers. (I (classified a		ise declined (ing house)	unless	Fireh	Firehall within 8 Kms?						
Number of units in the home:		iber of ners:		he roc loyed:	omers		Is it	a voluntary firehall?	?					
If 'no', how many unemployed:		nemployed, ent, half wa					Min.	Min. one (1) smoke detector per floor?						
Advise turnover of roor (long term or short term								e lot bigger than 1 ass, how many acres						
Are any of tenants curr If 'yes', please explain in	ently in arrears 'Comments'	with their r	rent payme	ent?	Yes	s No		Is there a pool and/or hot tub located on the premises? <i>If 'yes', we'd decline.</i>						
Is Insured currently inv proceedings with the R					nts' Yes	s No	\	Is the risk located in an active flood zone? If 'yes', we'd decline.						
Who is responsible for of the building, rules, e	maintenance		•				Is th	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?					ıw		
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 have \$ 2 mil CGL in place?					Does the building have a heritage designation?									
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	Is											I		
Year built	<u> </u>		Building a				_	Private Protecti	ons	Yes	No	Ì		
No of Stories			Construct			1		Fire Alarm						
 	Туре			Year	Updated	#		Burglar Alarm						
Electrical Wiring & Amperage	1,75				Opuacou	1		Monitored						
Breakers or Fuses								Sprinklered						
Plumbing								On-Site Security						
Heating						3. 0	Commen	ts:		•		1		
Supplementary Heating	1													

4. Have there been losses or claims by	the applicant in the l	ast 5 years?	Yes	No				
Date of loss Detailed descri	ption of loss	Amount pai	d Open,	/Closed?	Preventative measures in place?			
5. Coverage	Lim	its Required			Deductible			
Building(s)	\$							
Outbuilding(s) ¹ 1 No cover given for outbuildings unless a limit is show	yn on the policy.							
Contents	\$	\$						
Rental Income								
Sewer Back Up								
Liability (CGL)	\$							
Is coverage required for: Equipment Brea	ıkdown: Yes	No F	ood: Yes	No	Earthquake: Y (Excluding BC)	es No		
6. Current photos of the risk attached?	Yes	No	(Current photos and Building Evaluator are not required for quoting, but will be required in order to bind coverage)					
EZ_ITV or equivalent evaluator attached?		No	quoting, b	overage)				
7. Additional comments:								
Declaration: I/we declare that after proper end material fact. I/we agree that this Application affected thereon. I/we undertake to inform Ur you to collect, use and disclose personal inforr thereof, for the purposes necessary to assess to Signature(s) of all Named Insureds (o	Form, together with any derwriters of any mate nation as permitted by he risk, investigate and	other material in rial alteration to tl aw, in connection settle claims, and	formation supp nese facts occu with your com	olied by me/us rring before t mercial insura	s shall form the basis of an he completion of the com ance policy or a renewal,	ny contract of insurance tract. I/we authorize extension 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**