



# Rooming House Application

ABEX Affiliated Brokers Exchange Inc.  
 375 Hagey Boulevard, Suite 302  
 Waterloo, ON N2L 6R5  
 (p)519-880-0044 (f)1-855-821-7060  
[www.abexinsurance.com](http://www.abexinsurance.com)  
[quotes@abexinsurance.com](mailto:quotes@abexinsurance.com)

|                           |                 |
|---------------------------|-----------------|
| Brokerage:                | Broker contact: |
| Broker address:           | Email:          |
| Named Insured:            | Broker code:    |
| Mailing address:          | Effective date: |
|                           | Policy term:    |
| Location address:         |                 |
| Loss payee(s):            |                 |
| Loss payee(s) address:    |                 |
| Other policies with ABEX: |                 |

| Underwriting Details  |   | Yes | No |
|---|---|-----|----|
| Prior insurance & expiry date:  | Has applicant ever had insurance declined or cancelled? |     |    |
| How long has insured owned the rooming house?                                     |   |     |    |
| Who is responsible for maintenance of the building, rules?                        | Hydrant within 300 meters?                              |     |    |
|   | Firehall within 8 Kms?                                  |     |    |
| Please advise type and number of roomers ie. employed, transient, half way house: | Is it a voluntary firehall?                             |     |    |
|   | Min. one (1) smoke detector per floor?                  |     |    |
| Advise turnover of roomers (long term or short term):                             |   |     |    |
| How does the insured obtain tenants and what screening process is used?           |   |     |    |

| Construction Details |             |                           | Private Protections |     |    |
|----------------------|-------------|---------------------------|---------------------|-----|----|
|                      |             |                           |                     | Yes | No |
| Year built           |             | Building area in sq. feet |                     |     |    |
| No of Stories        |             | Construction              |                     |     |    |
|                      | <b>Type</b> | <b>Year Updated</b>       |                     |     |    |
| Electrical           |             |                           | Fire Alarm          |     |    |
| Amperage             |             |                           | Burglar Alarm       |     |    |
| Plumbing             |             |                           | Monitored           |     |    |
| Heating              |             |                           | Sprinklered         |     |    |
| Roof                 |             |                           | On-Site Security    |     |    |
|                      |             |                           | Comments:           |     |    |
|                      |             |                           |                     |     |    |

| 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 | Open/Closed?   | Preventative measures in place? |
|   |                              |             |  |                                 |
|   |                              |             |  |                                 |
|   |                              |             |  |                                 |
| Coverage  | Limits Required              |             | Deductible   |                                 |
| Building(s)   | \$                           |             |  |                                 |
| Outbuilding(s) **   | \$                           |             |  |                                 |
| Contents  | \$                           |             |  |                                 |
| Rental Income   | \$                           |             |  |                                 |
| Sewer Back Up   | \$                           |             |  |                                 |
| Liability (CGL)   | \$                           |             |  |                                 |
| <b>**No cover given for outbuildings unless a limit is shown on the policy.**</b> |                              |             |  |                                 |
| 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?  | Yes                          | No          |  |                                 |
| Additional comments:  |                              |             |  |                                 |

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

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

**Absolutely NO COVERAGE is given by this application form.  
Coverage is only given upon written confirmation of binding from ABEX.**

**This Section is For Broker Use Only**

\*

\* If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.