



Rooming House Application

ABEX Affiliated Brokers Exchange Inc.
 508 Riverbend Dr, Suite 304
 Kitchener, ON N2K 3S2
 (p)519-880-0044 (f)1-855-821-7060
quotes@abexinsurance.com
www.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? <i>If 'yes' please provide details in 'Comments'</i>		
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			
	Type	Year Updated			
Electrical			Fire Alarm		
Amperage			Burglar Alarm		
Plumbing			Monitored		
Heating			Sprinklered		
Roof			On-Site Security		
			Building type (single family, row house etc):		
			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)	\$			
No cover given for outbuildings unless a limit is shown on the policy.				
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

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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 Internet Explorer or email the application to **quotes@abexinsurance.com** or fax it to 1-855-821-7060.