



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
www.abexinsurance.com

Brokerage:		Broker contact:	
Broker address:		Email:	
Named Insured:		Broker code:	
Mailing address:			
Location address:			
Mortgagee(s):			
Mortgagee(s) address:			
Other policies with ABEX:	Prior insurance & expiry date:	Effective date:	Policy term:
Underwriting Details			Yes No
How long has insured owned the rooming house?		Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>	
Is the insured occupying the home?		Hydrant within 300 meters?	
Building type (single family, row house etc):		Firehall within 8 Kms?	
Number of rooms in the home: <i>Up to 4 unrelated roomers. Otherwise declined unless permits provided (class. as lodging house)</i>	Number of units in the home:	Is it a voluntary firehall?	
Occupancy:	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? <i>If 'yes', how many acres?</i>	
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 (long term or short term):		Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>	
Who is responsible for maintenance of the building, rules, etc.?		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? <i>If 'no', permits required for a quote.</i>	
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 100 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?

Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	Type	Year Updated	
Electrical			
Amperage			
Plumbing			
Heating			
Supplementary Heating			
Roof			

Private Protections	Yes	No
Fire Alarm		
Burglar Alarm		
Monitored		
Sprinklered		
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) ¹ <i>¹ No cover given for outbuildings unless a limit is shown on the policy.</i>	\$						
Contents	\$						
Rental Income	\$						
Sewer Back Up	\$						
Liability (CGL)	\$						
Is coverage required for: Equipment Breakdown:		Yes	No	Flood: Yes	No	Earthquake: Yes	No
				<i>(Ontario only)</i>		<i>(Ontario only)</i>	
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**