

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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Brokerade:							Broker code:								
Broker address:								Ema	Email:						
Named Insured(s):								Principal(s):							
Mailing address:									-						
Location address	:														
Mortgagee(s):															
Mortgagee(s) add	dress:														
Other policies Prior insurance with ABEX: & expiry date:								Effective date: Policy term:							
1. Underwriting	Detail	s												Yes	No
How long has insured owned the rooming house?								Has applicant ever had insurance declined or cancelled? If 'yes', please explain in 'Comments'					103	110	
Is the insured occ	cupying	the home	? Pro	pert	y's curre	nt marl	ket value:		Hydrant within 300 meters?						
Building type (sin	igle 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 (class as lodging house)								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 (long term or short term):								Is the risk located in an active flood zone? If 'yes', we'd decline.							
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? 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 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?							Is this leased land?								
2. Construction	Details	5													
Year built					Building in sq. fe					Private Protections	Yes	No]		
No of Stories					Constru	ction				Fire Alarm					
		Тур	е			Yea	r Updated			Burglar Alarm					
Electrical										Monitored					
Amperage								•		Sprinklered					
Plumbing										On-Site Security					
Heating Supplementary Heating				3. C	ommen	ts:									
Roof	cauity														
					1										

4. Have there be	een losses or claims by the applicant	in the last	5 years?	,	Yes	No				
Date of loss	Detailed description of loss		Amount paid	d	Open/0	Closed?	Preventative measures in place?			
5. Coverage	Limits Required					Deductible				
Building(s)	\$									
Outbuilding(s) ¹ No cover given for o	\$									
Contents	\$									
Rental Income	\$									
Sewer Back Up	\$									
Liability (CGL)		\$								
Is coverage requ	ired for: Equipment Breakdown: Yes	No	Fl	lood:	Yes	No	Earthquake: (Excluding BC)		No	
6. Current photo	Yes No (Current photos and Building Evaluator are not requ						•			
EZ_ITV or equiva	Yes No quoting, but will be requ					uired in order to bind	coverage))		
7. Additional con	nments:									
material fact. I/we a affected thereon. I/ you to collect, use a thereof, for the pur	leclare that after proper enquiry the statem agree that this Application Form, together /we undertake to inform Underwriters of a and disclose personal information as permi rposes necessary to assess the risk, investig of all Named Insureds (only required if	with any oth ny material tted by law, ate and set	ner material int alteration to th in connection tle claims, and	forma hese f with detec	ation suppli acts occurr your comm	ied by me/us ring before th nercial insura	shall form the basis of ne completion of the co nce policy or a renewa	f any contra ontract. I/w al, extension	act of insurance re authorize n 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**