



#103-8411 200th STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604)888-0050 FAX: (604)888-1008

ROOMING HOUSE APPLICATION

BROKER

Agent/Broker: _____ Tel No: _____

APPLICANT

Legal Name of Insured: _____

Principles, if a Company: _____

Mailing Address: _____

Location Address: _____

(If other than above) _____

Mortgagee(s): _____

Date Coverage Required: _____

Is this new business to your office? Yes No

How long has Insured been in business? _____ Years

How long has Insured been at this address? _____ Years

PRIOR CARRIER INFORMATION

Previous Insurer(s): Company: _____ Policy Terms: _____

Policy No: _____ Agent: _____

Has the applicant ever been cancelled or refused insurance? Yes No

PROVIDE 5 YEAR LOSS EXPERIENCE

| Date | Insurer | Paid/Reserve | Type and Clause of Loss |
|------|---------|--------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

COVERAGES REQUIRED

| | | DED | LIMIT REQUIRED |
|-----------------------|-------|-----|----------------|
| Building | FECMD | | |
| Contents | FECMD | | |
| Business Interruption | Rents | | |
| Liability | OL&T | | |
| Other (Specify) | | | |
| | | | |
| | | | |
| | | | |

BUILDING INFORMATION

Year built: _____ Year Purchased: _____

CONSTRUCTION: Frame
 Frame/Brick Veneer
 Other (Describe): _____

Year roof was last recovered/resurfaced? _____

HEATING: Natural gas forced warm air
 Hot water boiler
 NG Gravity Furnace
 Other (Describe): _____

Is Heating upgraded? Yes No Date: _____

WIRING: Fuse Boxes
Automatic Circuit Breakers

Is Wiring upgraded or replaced? Yes No Date: _____

PLUMBING: Copper
Plastic
Cast iron

Is Plumbing upgraded or replaced? Yes No Date: _____

AREA: Basement: _____
Main Floor: _____
2nd Floor: _____
Other: _____

Describe any outbuildings on premises: _____

PROTECTION

Within 1000ft of a fire hydrant? Yes No

Distance from a firehall: Within 5 miles / 8 kilometers
Over 5 miles / 8 kilometers
Paid
Volunteer Firehall

OCCUPANCY INFORMATION

How many rooms? _____

How many rooms are "Self Contained", if any? _____

(having own kitchen & full bathroom facilities)

Are there any hot plates? Yes No

How many rooms are vacant at present? _____

How many common kitchens? _____

How many common bathrooms? _____

Is there a live in "Manager/Caretaker"? Yes No

PRIVATE PROTECTION

Fire Extinguishers? Yes No

Standpipe and Hoses? Yes No

Smoke Detectors? Yes No

Are there any roof attachments (Antennae, other describe)? Yes No

Has this rooming house been approved by the city's "Safe House" or the like program? Yes No
(If "Yes", please provide letter or certificate confirming same)

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts that would be likely to influence the acceptance and assessment of the Proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties if entered into. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.
Protection and Electronic Documents Act (PIPEDA)

Print name of proposed insured

Signature of Applicant & Title

Date

Signature of Broker

Date

Brokerage: _____

Address: _____

Phone Number: _____ FAX Number: _____