

ROOMING / BOARDING HOUSE QUESTIONNAIRE

Date: _____

Broker: _____

Insured: _____

Place of Residence: _____

Risk Address: _____

GENERAL INFORMATION

Number of bedrooms: _____ Number of occupants in total: _____

Is the property situated on a lot size exceeding 3-acres? Yes No *(If yes, please completed and attach the large lot supplement)*

Is cooking allowed in bedrooms? Yes No Are there any hot plates on premises? Yes No

Are there any commercial / business operations on premises? Yes No If yes, please describe below:

What is the duration of the lease or rental agreements? Annual Monthly None

How long have the current tenants occupied? _____ Are student rentals allowed? Yes No

What is the minimum age of tenants: _____

Does the lease or rental agreement require the tenants to carry personal liability insurance? Yes No

Any losses or claims in the past 5-years? Yes No If Yes, please provide details below:

CARE AND MAINTENANCE

Who is responsible for dwelling maintenance? _____ Is this an absentee landlord? Yes No

Is there a property manager? Yes No If Yes, provide details below:

Name of property manager: _____

Address: _____ Telephone: _____

How often is property inspected? _____ Date of last inspection: _____

PROPERTY DETAILS

Year Built: _____ Construction Type: _____ Number of Stories: _____

Within 300 meters of fire hydrant: Yes No Within 8km of firehall: Yes No

UPDATE TYPE	YEAR OF UPDATES		
Electrical		Full	Partial
Heating		Full	Partial
Plumbing		Full	Partial
Roof		Full	Partial

Electrical: Copper Aluminum Circuit Breakers Fuses 60amp 100+ amp

Type of Heating: _____ Are there any solid fuel heating devices in premises? Yes No

(If so, complete and attach a CSIO solid fuel heating device questionnaire)

Are there any oil tanks on premises? Yes No If Yes, specify age and location below:

Are there working smoke detectors in each bedroom and all common areas? Yes No

Are smoke detectors battery operated or hard wired? Battery Operated Hard Wired

Are there carbon monoxide detectors in common areas? Yes No

LIMITS

Dwelling Building: \$ _____ Detached Structures: \$ _____ Major Appliances: \$ _____

Premises Liability: \$ _____ Rental Income: \$ _____

RATE CREDITS AVAILABLE

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Licensing Approved by Local City Authority | <input type="checkbox"/> Tenants are Post Graduated or Business Professionals |
| <input type="checkbox"/> Owner Lives on Premises | <input type="checkbox"/> Monitored ULC Central Station Burglary Alarm |
| <input type="checkbox"/> Monitored ULC Central Station Fire Alarm | <input type="checkbox"/> Tenants Carry Tenants Insurance |
| <input type="checkbox"/> Long Term Tenants over 5 years and No Losses | <input type="checkbox"/> Monitored Water Leak Detection |
| <input type="checkbox"/> Mortgage-Free | <input type="checkbox"/> Multi-Location Discount (3 + locations) |

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies underwriting application.

This application is attached to and forms part of the policy. Please ensure that the application is completed in full, signed, dated and witnessed warranting same.

Applicant's Signature

Date

RECENT PHOTOGRAPHS OF FRONT & BACK OF THE DWELLING MUST ACCOMPANY QUESTIONNAIRE