

NAME OF APPLICANT(S):

MAILING ADDRESS: City: Prov: PC:

LOCATION OF RISK: City: Prov: PC:

PRINCIPALS (if in a company name):

MORTGAGEES (name & address in payment order):

**FIRE PROTECTION:** Hydrant: Within 300m?  YES  NO Fire Hall: Within 8km?  YES  NO  Paid  Volunteer

**BUILDING DETAILS:**  Detached  Condo/Townhouse  Rowhouse  Mobile Home  Other (Please describe):

**CONSTRUCTION:**  Brick  Frame  Stone  Masonry  Log  Other (Please describe)

**FOUNDATION:**  Concrete/Poured Concrete  Brick  Stone  Post & Pier  Preservative – Treated Lumber

**YEAR BUILT:** NO. OF UNITS: NO. OF STORIES:

Does property have operational fire extinguishers?  YES  NO Does property have operational smoke detectors?  YES  NO

Does property have operational sprinklers?  YES  NO

**ELECTRICAL SYSTEM:**  60AMP  100AMP  200AMP  CB's  Fuses  Aluminum Wiring  Knob & Tube Wiring (location):

**PLUMBING (type):** AGE OF ROOF:

Does property have a central heating system?  YES  NO Type:

If Oil is used, please attach Oil Tank Questionnaire and photos of oil tank(s).

Is there a solid fuel heating unit?  YES  NO (If yes, please attach Questionnaire).

**UPDATE INFO (YEAR):** Electrical: Heating: Plumbing: Roof:

How long has rooming house been operational? Length of rental:  Daily  Weekly  Monthly

Does the owner live on premises?  YES  NO If yes, does owner live in self-contained suite?  YES  NO

No. of Occupants: No. of Rooms:

Who is responsible for property maintenance?

List of Names, Occupations, Age of Tenants and how long at this location?

How many common(shared) kitchens?

Are there any Hot Plates?  YES  NO Is there any cooking in rooms?  YES  NO

Is there a no-smoking policy in place?  YES  NO Are meals provided for tenants?  YES  NO

Is there a swimming pool on the premises?  YES  NO What is the screening process for tenants?

Has this risk been declined, refused or cancelled by another insurer?  YES  NO Reason:

Previous insurer? Policy number: Expiring/Target Premium:

Five (5) Year Claim/Loss history (date; paid/estimated amount; cause; open/closed)?

**LIMITS REQUIRED:**

Building: \$ Major Appliances: \$ Rental Income: \$ Liability(OL&T): \$

**Current Photos (front & back) required prior to binding**

**PLEASE READ BEFORE SIGNING**

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance, will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: INSURANCE IS NOT IN EFFECT UNTIL PREMIER HAS ISSUED A BINDER NUMBER.**

Signature of Applicant(s): Date:

Signature of Broker: Date:

Broker Firm: Broker AGT #:

Broker Email: Tel: Fax #:

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