

RENTED PROPERTY/ROOMING HOUSE APPLICATION

Insured: _____

Mailing address: _____

Risk address: _____

Loss Payable (Name & Address): _____

Rented Dwelling: Rooming House: Other: Describe: _____

Construction: Number of Storeys: _____ Walls: _____ Roof: _____
Age: _____
Total Square Footage: _____ Square Footage Per Floor: _____

Heating: Gas Oil Electric Hot Air Hot Water

Plumbing: Copper PVC Cast Iron

Public protection: Full Semi None Hydrants: Yes No

When were the following updated?

Electrical: _____ Plumbing: _____ Heating: _____ Roof: _____ Oil Tank Age: _____

Any Other Renovations: _____

Smoke detectors in every room? Yes No
Smoke detectors on every floor? Yes No
Fire extinguishers on every floor? Yes No
Any cooking in the rooms? Yes No

Type of Cooking: Hot Plates Stove Common Kitchen

Number of Rooms: _____ Apartments: _____

Type of Tenants: Lease Monthly Annually Other

Is risk licensed? Yes No
Is risk subject to government inspection? Yes No

Condition of building: Good Fair Poor

Owner occupied? Yes No Live-In Superintendent? Yes No

Date: _____



Present Insurer: _____ Policy Number: _____

Expiry Date: _____ Expiring Premium: \$ _____

Attach copy of dec page (plus subscription page where applicable)

Has any insurer refused to renew insurance or cancelled insurance? Yes No

If yes, explain: _____

List claims/losses for the last 5 years: _____

Coverages: Fire & Extended Coverage Broad Form Deductible: _____

Building	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$	
Equipment	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$	
Stock	<input checked="" type="checkbox"/> A.C.V.	\$	
Office Contents	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C.	\$	
E.D.P.		\$	
Rental Income/Value		\$	
Gross Earnings: Co. %		\$	
Profits: Co. 100%		\$	
Extra Expense		\$	
Sign		\$	
Accounts Receivable		\$	
Valuable Papers		\$	
Cargo/Transit		\$	
Holdup		\$	
Broad Form Money		\$	
Liability		\$	
Non Owned Auto		\$	
Tenants Legal Liability		\$	
Glass		\$	
Boiler Insurance		\$	

Other Additional Hazards: _____

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Brokerage: _____ Broker Phone Number: _____

Dated: _____ Broker Signature: _____