



[Property Application]

ROOMING HOUSE APPLICATION



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ROOMING HOUSE APPLICATION

PART 1 GENERAL INFORMATION

Name of Applicant(s): _____

Mailing Address: _____ Postal Code: _____

Risk Location Address: _____ Postal Code: _____

Loss Payable: _____

LOSS HISTORY

Current Insurer _____ Policy Number: _____

Has any insurer cancelled or refused insurance to applicant? Yes No
If yes, describe reason _____

Has the applicant suffered any losses or claims within the past 5 years? Yes No
If yes, give details _____

Is applicant aware of any fact or circumstances that may give rise to any future losses? Yes No
If yes, explain _____

PART 2 BUILDING DESCRIPTION

Year Built: _____ Year Purchased: _____

Walls Frame Log HCB Fire Res Other: _____

Swimming Pool Yes No If yes, Inground Above Ground Fully Fenced Yes No

Dock/wharf Yes No If yes, permanent or seasonal? (circle and attach photo)

Acreage _____ Acres/Hectares Waterfront Yes No

If risk location is older than 20 years, please advise year of update:

Roof T&G Metal Duroid Tile Other: _____ Year Updated: _____

Heating Gas Oil Electric Propane Other: _____ Year Updated: _____

Wood Heat Auxiliary Primary (Attach wood heat questionnaire and photos)

Wiring Breakers Fuses Amperage Year Updated: _____

Plumbing Type: % Plastic _____ % Copper _____ % Other _____ Year Updated: _____

Foundation Concrete Wood Other: _____

Height # of stories _____ SQFT of building _____

Basement Yes No Finished Area: _____

Public Protection Hydrant within _____ metres Firehall within _____ metres Volunteer Hall Paid Hall

Private Protection Sprinklered Yes No
 Fire Extinguishers Yes No How many _____ Type _____

Burglar Alarm System Local Monitored Name of Monitoring Co _____

Other Security Features: _____

PART 3 OCCUPANCY

Number of Rooms: _____ Number of Occupants: _____

Number of self contained rooms, if any (with their own kitchen & bathroom): _____

How many rooms are vacant at present? _____

How many common kitchens? _____ How many common bathrooms? _____

Is there cooking in the rooms? Yes No Are there Hot plates? Yes No

How many tenants have occupied the dwelling within the last 3 years? _____

How long have tenants lived at this dwelling? _____

How are tenants secured and screened? (ie website, word of mouth etc?) _____

Are tenants required to carry insurance? _____

Is a Property Manager in place? Yes No Is there a live in caretaker? Yes No

If yes, who _____

Who is responsible for maintenance? _____

Is there a rental contract? Yes No

PART 4 LIMITS OF INSURANCE

Coverage	Limit
Building	
Outbuildings	
Contents	
Liability – Premises only	
Sewer Backup	
Earthquake	
Rental Income (If required 100% co)	

Is this business new to your office?

Are there special circumstances regarding this application which the company should know?
If yes, describe in remarks.

Have you seen this property?

If yes, when? _____

How long have you known the applicant?

Housekeeping: Excellent Good Average Fair Poor

REMARKS

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicants Signature: _____

Position: _____

Please Print Name: _____

Date: _____

