



GROUP ONE INSURANCE SERVICES

45 Vogell Road, Suite 306, Richmond Hill, Ontario L4B 3P6

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STUDENT HOUSING APPLICATION
(Current Photos of Front & Back Must Accompany Application)

BROKERAGE:

Broker contact: _____ Phone No.: _____
 Email address: _____ Fax No.: _____

INSURED:

Full Legal Name of Applicant: _____
 Operating Name: _____
 Mailing Address: _____
 Risk Location: _____
 Principal Owner(s): _____
 Years of Current Ownership by the applicant: _____
 Landlord's Address: _____

Is the landlord to be added as an additional Insured on binding? Yes No

Loss Payee / Mortgagee / Additional Insured (include address below):

1. _____
2. _____

INSURANCE EXPERIENCE: **New Business** **Renewal**

Existing Insurer: _____ Target Premium Required: _____

Renewal Offered: Yes No If not, why? _____

Have you had any insurance refused or cancelled within the past 5 years? Yes No

If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

COVERAGE REQUESTED

Section 1 – Property

Section 2 – CGL OLT Liability

SECTION 1 - PROPERTY

Year Built: _____ Number of Stories: _____
Total Area: _____ sq ft Area Occupied By Insured : _____ sq ft Occupies Basement? Yes No
Adjacent Exposure: _____

Any portion of this building: Vacant or Unoccupied? Yes No Under Renovation? Yes No
If yes, please explain: _____

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

How long have tenants lived at this dwelling? _____

Is the residence licensed? Yes No If yes, provide details: _____

Structure Type: Detached Semi-Detached Townhouse Rowhouse Duplex Triplex
Multiplex Other: _____

Walls: Frame Brick Veneer Masonry HBC Non-Combustible
Stucco Alum. Siding Fire Resistive Others: _____

Floor: Concrete Wood Joist Wood Others: _____

Roof: Wood Joist Steel Deck Concrete Patent Others: _____

Heating: Natural Gas Electric Combination Furnace Wood Stove Others: _____
Oil Tank (Inside Outside Above ground In ground)

Has oil tank been inspected by oil company? Yes No When: _____

If oil is used, please complete and attach the oil tank questionnaire.

Wood Heat Stove – ULC or CSA Approved: Yes No

Professionally installed: Yes No

Please provide copy of wood heat questionnaire for our reference

Electrical: Circuit Breakers Fuses Knob and Tube AMPS: _____

Plumbing: Copper Plastic Galvanized Other: _____

Sump Pump: Yes No Age: _____ Monitored by Alarm: _____

Year Updated: Heating: _____ Plumbing: _____
Electrical: _____ Roof: _____

Fire Protection: Fire hydrant within 300 metres/1000 feet Fire Hall within 8km Unprotected
Paid Volunteer Distance to Responding Fire Department: _____

Sprinklers: Yes _____ % No

Is each floor equipped with: Fire Alarm Smoke Detectors Fire extinguishers

Note: If more than one building/location, please provide separate schedule.

SECTION 2 – LIABILITY

Number of Rented Rooms: _____ Are rooms Government subsidized? Yes No

Number of Units: _____ Number of Occupants: _____

How are rooms rented? Daily Weekly Monthly Annually

Is each unit a self-contained suite? Yes No How many rooms are vacant at present: _____

Is there a written Rental Agreement in effect? Yes No If yes, check type: Monthly Annually

Does the Owner allow cooking in Rooms? Yes No

Do Rental Rooms have cooking equipment? Yes No

Type of cooking units: Hot Plates Conventional Stove Common Kitchen

Are meals provided for tenants? Yes No

How are tenants secured and screened? _____

Do the tenant(s) have contents and liability insurance? Yes No

Does the Owner live on premises? Yes No

Does a Superintendent live on premises? Yes No

Who is responsible for dwelling maintenance? _____

Does a responsible individual or property manager provide personal visits to the premises every 30 days? Yes No

Explain: _____

Type of Inspection: Internal External Other

If other, explain: _____

Is there a “No Smoking” policy in place and enforced? Yes No

Swimming Pool: Yes No Above Ground In Ground Depth: _____ Fenced: Yes No

Has the broker visited the Property, and if so, would the broker recommend this risk? Yes No

Housekeeping: Excellent Good Fair Poor

Physical Condition: Excellent Good Fair Poor

Outbuilding(s) – please complete with the following details if the outbuildings are not attached to the main building:-
Construction, Occupancy, Square Footage and Value of Each, if more than one outbuilding is being insured:

LIMITS OF INSURANCE

Coverage:– <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils	Deductible	Co-Ins	Limit of Insurance
Building(s) <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Owners Household Furniture & Appliances <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Detached Structures <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Gross Earnings		100%	\$
Rental Income Form		100%	\$
Sewer Backup			\$
Liability – Occurrence Form <input type="checkbox"/> CGL <input type="checkbox"/> OLT		-	\$
Other Coverage			

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____
Is the applicant financially sound? Yes No Have you personally seen this property? Yes No
Do you recommend this applicant? Yes No Is the property for sale? Yes No
Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application 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) Provides 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 BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____ Date: _____

Title of Applicant: _____

Broker's Signature: _____ Date: _____