



**GROUP ONE INSURANCE SERVICES**

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**ROOMING HOUSE / RENTED DWELLING 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 & Appliance <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: \_\_\_\_\_