



## GROUPONE INSURANCE SERVICES

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**www.grouponeis.com**

### 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: \_\_\_\_\_