



200-20627 Fraser Highway, Langley, BC V3A 4G4  
Tel: (604) 532-6864 Tel: 1-877-532-6864 Fax: (604) 532-6894

## ROOMING HOUSE APPLICATION

CURRENT PHOTOS OF FRONT AND BACK OF RISK MUST ACCOMPANY APPLICATION

Brokerage: \_\_\_\_\_ Broker: \_\_\_\_\_

Tel # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### GENERAL INFORMATION

Name of Applicant(s) \_\_\_\_\_

Mailing Address & Postal Code \_\_\_\_\_

Risk Address \_\_\_\_\_

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 \_\_\_\_\_

### 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 \_\_\_\_\_

## 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

**LIMITS OF INSURANCE**

Coverage	Limit
BUILDING	
OUTBUILDINGS	
CONTENTS	
LIABILITY - PREMISES ONLY	
SEWER BACK UP	
EARTHQUAKE	
RENTAL INCOME (IF REQUIRED 100% CO)	

**BROKER/AGENT QUESTIONNAIRE**

IS THIS BUSINESS NEW TO YOUR OFFICE? Yes  No

ARE THERE SPECIAL CIRCUMSTANCES REGARDING THIS APPLICATION WHICH THE COMPANY SHOULD KNOW? Yes  No  (If yes, describe in remarks)

HAVE YOU SEEN THIS PROPERTY? Yes  No  IF YES, WHEN? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

Housekeeping Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Fair \_\_\_ Poor \_\_\_

**REMARKS**

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**CONSENT & DISCLOSURE**

Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right to recovery is forfeited.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf..

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Broker's signature

\_\_\_\_\_  
Date