



**RENTED DWELLING, STUDENT HOUSING & ROOMING HOUSE APPLICATION**

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS OF APPLICANT: \_\_\_\_\_

LOCATION OF RISK: \_\_\_\_\_

PRINCIPALS (if business name): \_\_\_\_\_

MORTGAGEES (name & address in payment order):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPANCY: \_\_\_\_\_ RENTED DWELLING \_\_\_\_\_ STUDENT HOUSING / RESIDENCE \_\_\_\_\_ ROOMING HOUSE

**BUILDING & CONSTRUCTION DETAILS:**

**FIRE PROTECTION:**

Hydrant: Within 300m? \_\_\_\_\_ YES \_\_\_\_\_ NO

Fire Hall: Within 8km? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Paid \_\_\_\_\_ Volunteer

**CONSTRUCTION:**

\_\_\_\_\_ Brick \_\_\_\_\_ Frame \_\_\_\_\_ Stone \_\_\_\_\_ Masonry \_\_\_\_\_ Log

\_\_\_\_\_ Others (Please describe): \_\_\_\_\_

**FOUNDATION:**

\_\_\_\_\_ Concrete/Poured Concrete \_\_\_\_\_ Brick \_\_\_\_\_ Stone \_\_\_\_\_ Wood/ Lumber

AGE OF BUILDING: \_\_\_\_\_ NO. OF UNITS: \_\_\_\_\_ NO. OF OCCUPANTS: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

TCB Underwriters Ltd., 128 Angeline Street North, Lindsay, Ontario K9V 4N1  
[www.tcbunderwriters.com](http://www.tcbunderwriters.com)

Is each unit a self-contained suite? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there fire extinguishers on site? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there operable smoke detectors? \_\_\_\_\_ YES \_\_\_\_\_ NO Operable sprinklers? \_\_\_\_\_ YES \_\_\_\_\_ NO

ELECTRICAL SYSTEM: \_\_\_\_\_ 60AMP \_\_\_\_\_ 100AMP \_\_\_\_\_ 200AMP \_\_\_\_\_ CB's

\_\_\_\_\_ Fuses \_\_\_\_\_ Aluminum Wiring

\_\_\_\_\_ Knob & Tube Wiring (location): \_\_\_\_\_

PLUMBING (type): \_\_\_\_\_ AGE OF ROOF: \_\_\_\_\_ SUMP PUMP: Age \_\_\_\_\_

Housekeeping: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Physical Condition of location & property: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

**If Oil is used, please complete and attach Oil Tank Questionnaire and photos of oil tank(s) to this submission.**

Does property have a central heating system? \_\_\_\_\_ YES \_\_\_\_\_ NO Type: \_\_\_\_\_

Is there a solid fuel heating unit? \_\_\_\_\_ YES \_\_\_\_\_ NO (If YES, please attach Solid Fuel Questionnaire).

UPDATE INFO (YEAR): \_\_\_\_\_ Electrical \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof

### **OCCUPANCY AND LOCATION DETAILS**

Does owner have a professional property management co. responsible for property? \_\_\_\_\_ YES \_\_\_\_\_ NO

How often is property visited? \_\_\_\_\_ If so, by whom: \_\_\_\_\_

Does owner live within 100 miles? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is there a written rental agreement in place with all the tenants? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are tenants required to carry insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

What is the screening process for tenants? \_\_\_\_\_

Is there a swimming pool on the premises? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, is the swimming pool Fenced all around? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there any business pursuits on the premises? \_\_\_\_\_ YES \_\_\_\_\_ NO Explain: \_\_\_\_\_

Are there any farming pursuits on the premises? \_\_\_\_\_ YES \_\_\_\_\_ NO Explain: \_\_\_\_\_

Number of Occupants: \_\_\_\_\_ Number of Units: \_\_\_\_\_

Are there any Hot Plates? \_\_\_\_\_ YES \_\_\_\_\_ NO Is cooking permitted in rooms? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, are meals provided for tenants? \_\_\_\_\_ YES \_\_\_\_\_ NO

How many rooms are vacant at present? \_\_\_\_\_ How many rooms in total? \_\_\_\_\_

Is there a No Smoking policy in place and enforced? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many Common (shared) kitchens? \_\_\_\_\_ How many Common (shared) Bathrooms? \_\_\_\_\_

Is there a live-in "Manager/Caretaker"? \_\_\_\_\_ YES \_\_\_\_\_ NO Name: \_\_\_\_\_

Unit/Apt. No: \_\_\_\_\_

If no, please provide details of management: \_\_\_\_\_

Who is responsible for dwelling maintenance? \_\_\_\_\_

How often is property inspected? \_\_\_\_\_

Has Broker seen the risk? \_\_\_\_\_ YES \_\_\_\_\_ NO Would broker recommend writing this risk? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 How long has rooming house been operational? \_\_\_\_\_  
 Length of rental: \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_  
 Has this rooming house been approved by Municipal Standards Board? \_\_\_\_\_ YES \_\_\_\_\_ NO *(If yes, please provide letter or certificate)*

**LIST ALL TENANTS – Please use a separate sheet if necessary**

Name	Age	Relation to other tenants	Occupation of Tenant	Full time employment?

Is the property viewable from a paved road? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Has this risk been refused or cancelled by another insured? \_\_\_\_\_ YES \_\_\_\_\_ NO Reason: \_\_\_\_\_  
 Previous insurer? \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Expiring Premium: \$ \_\_\_\_\_  
 Loss history: (dates; paid/estimated amount; cause; open/closed):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your Target Premium for this submission: \$ \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

**INSURANCE LIMITS REQUIRED**

Building: \$ \_\_\_\_\_  
 Contents (major appliances only): \$ \_\_\_\_\_  
 Liability (OL&T): \$ \_\_\_\_\_  
 Rental Income: \$ \_\_\_\_\_

**CURRENT PHOTOS (FRONT & BACK) REQUIRED PRIOR TO BINDING THE RISK.**

**This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued by TCB Underwriters Ltd.**

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN. I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH MY APPLICATION FOR INSURANCE AND FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS AND DETERMINE CLAIMS HISTORY OF THE APPLICANT.

Signature of the Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

Print full Name and Title / Position: \_\_\_\_\_

BROKER NAME: \_\_\_\_\_

BROKERAGE NAME: \_\_\_\_\_

BROKERAGE ADDRESS: \_\_\_\_\_

BROKER PHONE NUMBER: \_\_\_\_\_ BROKER FAX NUMBER: \_\_\_\_\_

BROKER EMAIL: \_\_\_\_\_