



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

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: _____