



# STUDENT HOUSING APPLICATION

1. Brokerage: \_\_\_\_\_
2. Broker Contact: \_\_\_\_\_
3. Name of Applicant: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
Location address: \_\_\_\_\_
5. Policy Effective Date: \_\_\_\_\_
6. Broker Quote Presentation Date: \_\_\_\_\_
7. Mortgagee: \_\_\_\_\_
8. Current insurance company on risk: \_\_\_\_\_
9. Is renewal being offered?       Yes  No
10. If no, why not?: \_\_\_\_\_
11. What is the expiring premium?: \_\_\_\_\_
12. Target premium: \_\_\_\_\_
13. Years in Business: \_\_\_\_\_      Years of experience renting to Students? \_\_\_\_\_

Have there been losses or claims by the applicant in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of loss	Detailed description of loss	Amount Paid	Open/Closed?	Preventative measures in place?

**Type of Building:**

- Detached Home  
  Semi-Detached  
  Duplex  
  Triplex  
  Fourplex  
  End Low (Townhouse)  
  Inside Low (Townhouse)
- Log Home     
  Mobile Home (fully blocked, skirted + connected to utilities)  
  Other (describe): \_\_\_\_\_

Construction Details			
Year Built		Building area in sq. feet	
No of Stories		Building Construction	

Type	Year Updated	Complete/Partial Updates
Electrical		
Amperage		
Plumbing		
Heating		
Supplemental Heating		
Roof		

Coverage	Limits Required	Deductible
Building(s)	\$	
Outbuilding(s) <sup>1</sup> <i><sup>1</sup>No cover is given for outbuildings unless a limit is shown on policy:</i>	\$	
Contents	\$	
Rental Income	\$	
Sewer Back Up	\$	
Liability (CGL)	\$	
Is coverage required for:    Equipment Breakdown: <input type="checkbox"/> Yes <input type="checkbox"/> No    Flood: <input type="checkbox"/> Yes <input type="checkbox"/> No    Earthquake: <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">(Excluding BC)</span>		

**Occupancy Information:**

Total number of self-contained units (with dedicated washrooms and kitchens): \_\_\_\_\_

Total Number of students? \_\_\_\_\_

Does the lease agreement allow for sub-letting by tenants?  Yes  No

**Underwriting:**

Who is responsible for the care and maintenance of the property?

Insured  Neighbor  Property Manager  Friend/Relative  Tenant  Other (describe): \_\_\_\_\_

How often is the property inspected and by whom?: \_\_\_\_\_

Type of inspection?     Internal  External  Other    If "other", please explain: \_\_\_\_\_

Confirm who is responsible for snow removal?: \_\_\_\_\_

If tenants are responsible for snow removal kindly confirm whether it is written into the lease agreement?:  Yes  No

**Alarm:**     Yes  No     Fire  Burglary  Heat Detectors  Smoke Alarms as Required by Law  
 Central  Monitored  Local  ULC Approved  Yes  No  
 Co2 Monitor  Any Wood Burning Units

Swimming Pool on premises?:  Yes  No

Additional Comments section:

**Subjectivity Section:**

- Does the electrical system have fuses?  Yes  No
- Is there any Aluminium or Knob & Tube Wiring?  Yes  No
- Does the lease specify that Tenants are required to maintain a Tenant Liability policy?  Yes  No
- Is there a minimum of 200 sq. ft per student?  Yes  No
- Does the building have less than 75% student occupancy?  Yes  No
- Are cooking devices/hot plates utilized in individual rooms?  Yes  No
- Is the building owner occupied?  Yes  No
- Is there a rental agreement in effect?  Yes  No      If "Yes", check type:  Monthly  Annually

***The undersigned on behalf of the Applicant declares that the statements set forth are true. The undersigned on behalf of the Insured agrees that if the information supplied on this Application changes between the date of this Application and the effective date of the insurance, they shall, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this Application does not bind the Applicant/Insured or the Insurer to complete the insurance contract, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the Policy. All written statements and materials (including any information provided in the attached Appendices) furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Any failure to provide accurate answers or any incorrect responses in the sections above may result in the nullification of any insurance policy issued by the Underwriters for this risk.***

Signature(s) of all Named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date: