

RENTED DWELLING APPLICATION

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APPLICANT

Name Of Applicant(s):

Are there more than 2 registered owners?

YES NO

Risk Location Address:

City:

Prov:

PC:

DWELLING

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:

Concrete Block/Masonry Stucco – Wood Frame Vinyl Siding – Wood Frame

Wood Siding – Wood Frame Concrete Fiberboard – Wood Frame Brick Veneer – Wood Frame

Stone Veneer – Wood Frame Solid Log Solid Brick Solid Stone Other (describe):

Foundation: Concrete Post & Pier Brick Stone Treated Lumber

Year Built:

Square Footage:

No. of Stories:

How many amps is the electrical system? Under 60 Amps 60 Amps 100 Amps Over 100 Amps

Electrical System Details (check all that apply): Circuit Breakers Fuses Aluminum Knob & Tube

Year of last major update to the electrical system:

Type of Plumbing: Copper PEX Galvanized Steel Polybutylene Cast Iron Other/Combined:

Year of last major update to the plumbing system:

Roof Material: Asphalt Shingles Metal Panel Flat Deck / Tar & Gravel Cedar Shingles / Shakes Metal Shingles Clay Tile / Slate

Year of Roof Update:

HEATING: Year of Heating Update: Note: if there is an oil tank or wood heat, an Oil Tank or Wood Heat Questionnaire is required.

Primary Heat:

Primary Heat Fuel Type:

Auxiliary Heat:

Auxiliary Heat Fuel Type:

Does the property have operational smoke detectors?

YES NO

Is there a swimming pool on premises?

YES NO

Distance to Fire Hydrant:

Distance to Fire hall:

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 visited?

Once per month 3-4 times per year Other (describe):

Minimum Rental Arrangements for this property:

Daily Weekly Monthly Yearly Other(describe):

Number of self-contained units/suites:

Tenant Details:

Single family per self-contained unit/suite Students – if yes, how many students? Roomers / Boarders

More than 2 unrelated tenants(not students) Rooming House Vacation Rental Other (describe):

Does the owner's child live in the dwelling

YES NO

Are there any business or farming pursuits on premises?

YES NO

If yes, please describe:

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Has this risk been declined, refused or cancelled by another insurer? YES NO

If yes, please describe:

Is the building slated for demolition? YES NO

Number of liens/encumbrances/mortgages: 1 2 3 4

Are there any sewer backup losses, insured or otherwise, at this location in the past 5 years? YES NO

Are there any other types of losses, insured or otherwise, at this location in the past 5 years? YES NO

If yes, please provide details:

COVERAGES - LIMITS

Dwelling Building:	Detached Structures:	Major Appliances:
Premises Liability:	Rental Income:	Deductible:
Sewer Backup: <input type="checkbox"/> YES <input type="checkbox"/> NO Limit Required:	Earthquake: <input type="checkbox"/> YES <input type="checkbox"/> NO	

INFORMATION REQUIRED UPON BINDING:

Requested Effective Date:	Principal(s) if applicable:
Postal Address:	City: Prov: PC:
Loss Payable(s) Name & Address:	

PLEASE READ BEFORE SIGNING

This application will be incorporated in its entirety into any relevant policy of insurance where Insurers have relied upon the information contained herein. Any misrepresentations or concealment in this application for insurance will render insurance coverage null and void from inception. Please therefore check to make sure that all questions have been fully answered and that all facts material to your insurance have been disclosed. Signing this form does not bind the Applicant to purchase the insurance or the Insurer to accept the risk, but it is agreed that this form shall be the basis of the contract should a policy be issued. For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. 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 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.

NOTE: INSURANCE IS NOT IN EFFECT UNTIL TOWERHILL HAS ISSUED A BINDER NUMBER OR POLICY DOCUMENTS.

Signature of Applicant(s):	Date:
Signature of Broker:	Date:
Broker Firm:	
Broker Email:	Tel:

Towerhill Insurance Underwriters Inc. o/a Excess Underwriting is a Managing Underwriting Agent and a Coverholder at Lloyd's. The underwriting insurance carriers are various underwriters at Lloyd's of London.

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Insured: _____ Policy No: _____

Address: _____

Broker: _____ Broker Email: _____

STOVE OR OTHER NON CENTRAL HEATING APPLIANCE

- Do you use your unit as a: Primary heat source Auxiliary heating source
- Type: Ordinary Stove Airtight Stove Cooking Stove
- Is the appliance: C.S.A. U.L.C. Warnock Hersey
- Manufacturer: _____ Model: _____ Age: _____
- Is there at least 18 inches clearance between the unit and any shielded combustible material? YES NO
- Is the floor shield extending at least 18 inches from the loading-side door and 8 inches on the other three sides? YES NO
- The floor construction supporting the stove is: Concrete only Frame Only YES NO
 Frame Covered with a Non-Combustible Material
- Distance between stove and combustibles (furniture, drapes, carpet, etc.): _____ YES NO

FLUE PIPE

- Is there at least 18 inches between the pipe and any combustible material? YES NO
- If the pipe goes through the wall or ceiling, is there a metal thimble of at least 18 inches in diameter? YES NO
- How often are the pipes cleaned? YES NO

CHIMNEY

- The chimney is: Factory built Other (describe) _____ Who installed? _____
- Is chimney: C.S.A U.L.C. Warnock Hersey
- If a metal chimney, is there at least 2 inches clearance between the chimney and any combustible material? YES NO
- Does the appliance share chimney with any other heating appliance? YES NO
- Is the chimney professionally cleaned annually? _____ If no, how often? _____

FIREPLACE

- The fireplace is: Masonry Fireplace insert (o Clearance) Freestanding metal fireplace Prefabricated Fireplace insert (Other)
- Provide installation date: _____ Make: _____ Model No.: _____
- The chimney is: Masonry lined Masonry unlined Factory built metal chimney
- If a metal chimney, is it: C.S.A. U.L.C. Warnock Hersey
- Is the chimney professionally cleaned annually? _____ If no, how often? _____

INSTALLATION OF UNIT AND CHIMNEY

- Was appliances installed by: Yourself (Provide picture showing complete installation) A Qualified installer
- Has the installation been inspected and approved by: Fire Department Official Building Inspector
- Has the heating appliance been installed with at least the recommended clearances shown on diagram (see over)? YES NO
- If no, please provide details: _____

MISCELLANEOUS INFORMATION

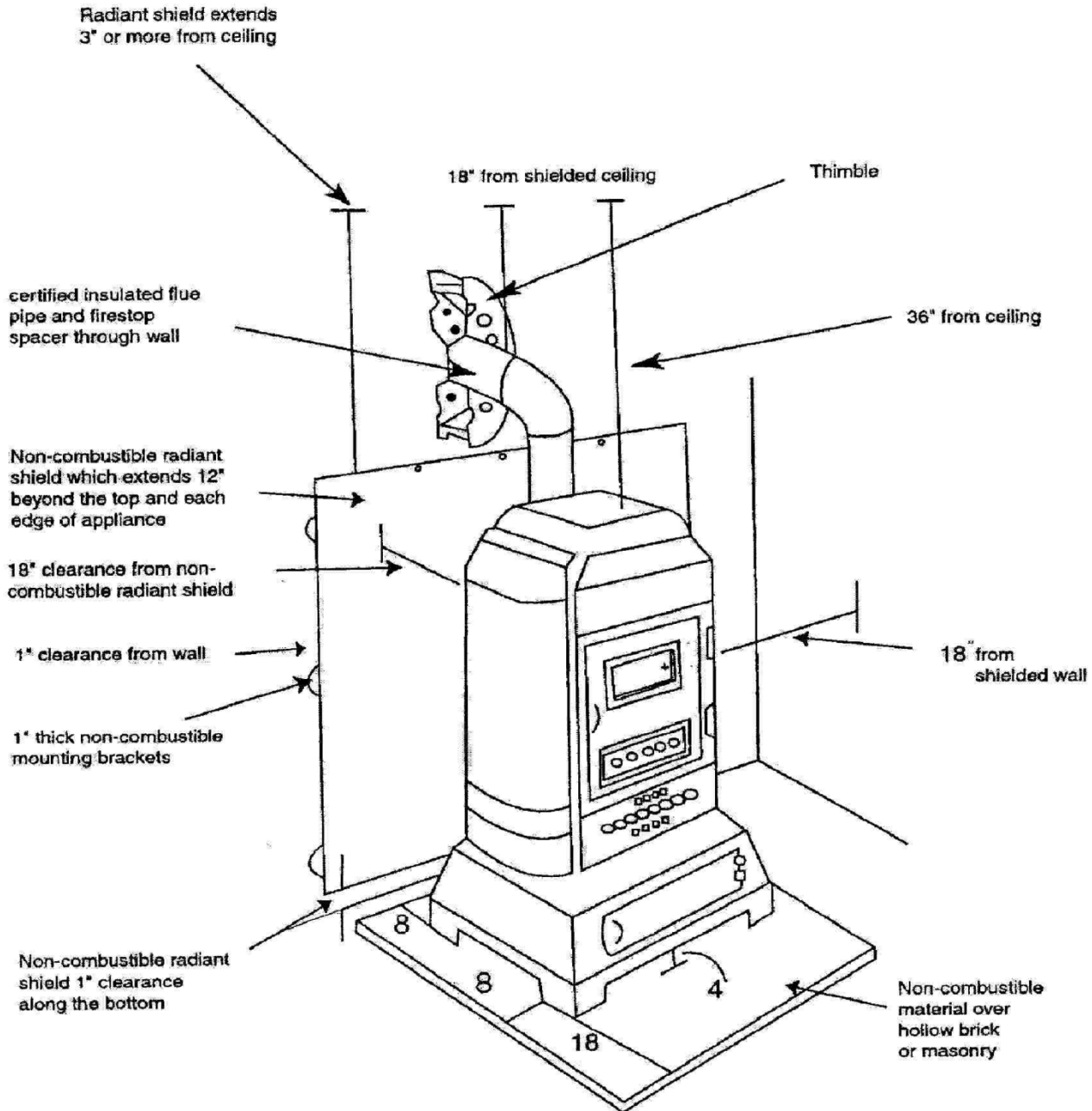
- Do you use a metal container for ash removal? YES NO
- Approx. hours/day appliance is used: _____
- Approx. number of woodcords (2x4x6) used annually: _____ Approx. days/week appliance is used: _____
- Have you ever had a chimney fire? YES NO

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5. No. of fire extinguishers: _____

Distance to fire extinguishers _____

Auxiliary Heating Unit Minimum Clearance For Approved C.S.A./U.L.C. Equipment



Date: _____

Signature: _____